

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO1000088234 ✓  
 1. Entity Name  
Access America Telecommunications, Inc.

**DO NOT WRITE IN THIS SPACE**

|   |                                   |
|---|-----------------------------------|
| 2. Principal Place of Business<br><u>9907 Pines Blvd.</u> | 3. Mailing Address<br><u>same</u> |
| Suite, Apt. #, etc.                                       | Suite, Apt. #, etc.               |

DO NOT WRITE IN THIS SPACE

|   |                       |   |                                       |
|---|-----------------------|---|---------------------------------------|
| City & State<br><u>Pembroke Pines, FL</u> | City & State          | 4. FEI Number<br><u>65-1146601</u>                        | Applied For<br>Not Applicable         |
| Zip<br><u>33024</u>                       | Country<br><u>USA</u> | 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

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 IN THIS SPACE**

7. Name and Address of Current Registered Agent

|  |                    |
|--|--------------------|
| Name<br><u>Rosa ASENSIO</u>                        |                    |
| Street Address (P.O. Box Number is Not Acceptable) |                    |
| <u>844 NW 81 Terr.</u>                             |                    |
| City<br><u>Plantation</u>                          | State<br><u>FL</u> |
| Zip Code<br><u>33324</u>                           |                    |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|  |  |  |
|--|--|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> | <b>January 1 - May 1 Fee is \$150.00</b><br><b>After May 1, Fee is \$550.00</b><br><b>Amended UBR is \$61.25</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|--|--|--|

| 11. OFFICERS AND DIRECTORS |                                 |                 |  |
|----------------------------|---------------------------------|-----------------|--|
| TITLE                      | <u>President</u>                | TITLE           |  |
| NAME                       | <u>Rosa ASENSIO</u>             | NAME            |  |
| STREET ADDRESS             | <u>9907 Pines Blvd.</u>         | STREET ADDRESS  |  |
| CITY - ST - ZIP            | <u>Pembroke Pines, FL 33024</u> | CITY - ST - ZIP |  |
| TITLE                      | <u>CEO</u>                      | TITLE           |  |
| NAME                       | <u>Yamil Rivera</u>             | NAME            |  |
| STREET ADDRESS             | <u>9907 Pines Blvd.</u>         | STREET ADDRESS  |  |
| CITY - ST - ZIP            | <u>Pembroke Pines, FL 33024</u> | CITY - ST - ZIP |  |
| TITLE                      |                                 | TITLE           |  |
| NAME                       |                                 | NAME            |  |
| STREET ADDRESS             |                                 | STREET ADDRESS  |  |
| CITY - ST - ZIP            |                                 | CITY - ST - ZIP |  |
| TITLE                      |                                 | TITLE           |  |
| NAME                       |                                 | NAME            |  |
| STREET ADDRESS             |                                 | STREET ADDRESS  |  |
| CITY - ST - ZIP            |                                 | CITY - ST - ZIP |  |
| TITLE                      |                                 | TITLE           |  |
| NAME                       |                                 | NAME            |  |
| STREET ADDRESS             |                                 | STREET ADDRESS  |  |
| CITY - ST - ZIP            |                                 | CITY - ST - ZIP |  |

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 IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Don ASENSIO President 4/29/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)