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FILED
Sep 03, 2002 8:00 am
Secretary of State
07-29-2002 90007 014 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000643

1. Entity Name

PROJECT ACCESS FOUNDATION, INC.

Principal Place of Business	Mailing Address
6140 SW 70TH STREET 3RD FLOOR MIAMI FL 33143	6140 SW 70TH STREET 3RD FLOOR MIAMI FL 33143

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6140 S.W. 70 St 3 Floor	11865 S.W. 26 St
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE G-10.
City & State MIAMI FL	City & State MIAMI FL
Zip 33143 Country	Zip 33175 Country

4. FEI Number 65-1073105 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MICHEL, JACK J DR 7845 ATLANTIC WAY MIAMI BEACH FL 33141-0000	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] DR 7/2/02

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

After September 13, 2002, min. will be $236.25.	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D MICHEL, JACK J DR 7845 ATLANTIC WAY MIAMIBEACH FL 33141-0000 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V T LONDONO, CARLOS 13668 SW 117 LANE MIAMI FL 33196 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NUNEZ, ANGEL ESQ 11996 GLENMORE DR CORAL SPRINGS FL 33071 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S T MICHEL, GEORGE J. DR 10620 S.W 83 AVE MIAMI FL 33156 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (4/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7/2/02 305-5598333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #