2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100000643

Entity Name

PROJECT ACCESS FOUNDATION, INC.



FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90439 005 ****61.25

THOUSEN ACCESS TO CHEATICING HIG.			7				
Principal Place of Business Mailing Address 140 SW 70TH STREET 3RD FLOOR 11865 SW 26 STREET AIAMI FL 33143 SUITE G-10 MIAMI FL 33176) (ABO)(AB) AB) AB)	Dà HBÀI BBÀIL BBHA BBHL BBHL B	ESII BOILE BING I	DI dea kiri i ee i	
Place of Business	3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State City & State			4. FEI Number 65-1073105 Applied For				
Country	Zip	Zip Country		Certificate of Status Desired S8.75 Additional			
6. Name and Address of Curren	 t Registered Agent	<u> </u>	7 Name and Addre	nee of New Pagistared		3Q	
	Trogramme Agent	Name	7. Name and Addit	ess of New Registered	Agent		
MICHEL, JACK J DR 7845 ATLANTIC WAY		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
EACH FL 33141-0000							
		City			•		
e named entity submits this statement f tions of registered agent.	or the purpose of changing its	registered office or regist	ered agent, or both, in th	e State of Florida. I am	familiar with,	and accept	
Charles		10bers		*			
signature, typed or printed name of registered agen	t and title it applicable. (NOTE	Registered Agent signature requir	red when reinstating)	DATE			
			\$5.00 May Be Added to Fees				
OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DI	RECTORS IN	V 10	
PD MICHEL, JACK J DR 7845 ATLANTIC WAY	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	
VT LONDONO, CARLOS 13666 SW 117 LANE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		.,	☐ Change	Addition	
ST MICHEL, GEORGE J DR 10620 SW 83 AVE MIAMI FL 33156	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- K		☐ Change	Addition	
	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	, , , , , , , , , , , , , , , , , , , ,	☐ Change	Addition	
	Place of Business #, etc. te Country 6. Name and Address of Curren JACK J DR LANTIC WAY EACH FL 33141-0000 e named entity submits this statement from the tions of registered agent. Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25 OFFICERS AND DI PD MICHEL, JACK J DR 7845 ATLANTIC WAY MIAMIBEACH FL 33141-0000 VT LONDONO, CARLOS 13666 SW 117 LANE MIAMI FL 33196 ST MICHEL, GEORGE J DR 10620 SW 83 AVE MIAMI FL 33156	H STREET 3RD FLOOR 48 11865 SW 26 STREET SUITE G-10 MIAMI FL 33176 Place of Business 3. Mailing Address #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent JACK J DR LANTIC WAY EACH FL 33141-0000 Place of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE FILE NOW: FEE IS \$61.25 PD. MICHEL, JACK J DR 7845 ATLANTIC WAY MIAMIBEACH FL 33141-0000 VT LONDONO, CARLOS 13666 SW 117 LANE MIAMI FL 33196 ST MICHEL, GEORGE J DR 10620 SW 83 AVE MIAMI FL 33156 Delete	H STREET 3RD FLOOR 11865 SW 26 STREET SUITE G10 MIAMI FL 33176 Place of Business 3. Mailing Address 4. etc. Suite. Apt. #, etc. 150 Country Zip Country 6. Name and Address of Current Registered Agent Name Street Address Place of Business A Mailing Address Street Address Street Address Street Address Street Address FILE NOW: FEE IS \$61.25 PD MICHEL, JACK J DR MAMIBEACH FL 33141-0000 VT OFFICERS AND DIRECTORS TILE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	H STREET 3RD FLOOR 11985 SW 26 STREET SUITE G10 MAMH PL 33176 Place of Business 3. Mailing Address 4. FEI Number 65 Country Zip Country S. Certificate of State Country Zip Country S. Certificate of State A. FEI Number 65 8. Name and Address of Current Registered Agent 7. Name and Address of State Name Street Address (P.O. Box Number is Noted or registered agent, or both, in the close of registered agent, or both, in the close of registered agent. Segments, board or strind name of registered spent and title if applicable NOTE. Registered Agent signature insignate areas menistering) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. Segments, board or strind name of registered agent and title if applicable OPFICERS AND DIRECTORS 11. ADDITIONS/CHANGES PD MICHEL, JACK J DR 7845 ATLANTIC WAY NAME NAME NAME NAME NAME NAME NAME NAME	H STREET 3RD FLOOR 1188 SW 28 STREET SUITE 670 MAME FL 33176 Picce of Business 3. Meiling Address	Hasteet and FLOOR 11865 SW 26 STREET 4. FEI Number 65-1073105 A. Melling Address 2. F. etc. Suffa April **, etc. Clay & State Country Zip Country Zip Country Zip Country Sincert Address of Current Registered Agent Nome 1. Name and Address of Current Registered Agent Nome 1. Name and Address of Current Registered Agent Nome 2. Reamed and typ submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Forida. I am familiar with, order or ground reams at registered agent, are both in the State of Forida. I am familiar with, order or ground reams at registered agent, are both in the State of Forida. I am familiar with, order or ground reams at registered agent, are both in the State of Forida. I am familiar with, order or ground reams at registered agent, are both in the State of Forida. I am familiar with, order or ground reams at registered agent, are both in the State of Forida. I am familiar with, order or ground reams at registered agent, are both in the State of Forida. I am familiar with, order or ground reams at registered agent, are both in the State of Forida. I am familiar with, order or ground reams at registered agent, are both in the State of Forida. I am familiar with, order or ground reams at registered agent, are both in the State of Forida. I am familiar with, order or registered agent, or both in the State of Forida Department of the state of registered agent, are both in the State of Forida Department of the state of registered agent, or both in the State of Forida Department of the state of registered agent, or both in the State of Forida Department of the state of registered agent, or both in the State of Forida Department of the state of registered agent, or both in the State of Forida Department of the state of registered agent, or both in the State of Forida Department of the state of registered agent, or both in the State of Forida Department of the state of registered agent, or both in the State of Forida Depart	

2. 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, will all other like empowered.

SIGNATURE:

SIGNATURE PROJIRED

1/16/2003 305 559 8333