

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000647

1. Entity Name

ACCESS INTERNATIONAL BUSINESS CORP.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90032 039 ***150.00

Principal Place of Business

2001-A CONGRESS AVE
WEST PALM BEACH FL 33404

Mailing Address

2001-A CONGRESS AVE
WEST PALM BEACH FL 33308-4033

2. Principal Place of Business

2400 E. Commercial Blvd.

3. Mailing Address

2400 E. Commercial Blvd.

Suite, Apt. #, etc.

Suite # 624

Suite, Apt. #, etc.

Suite # 624

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0552998

Applied For

Not Applicable

Zip

33308

Country

U.S.A.

Zip

33308

Country

U.S.A.

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

RODRIGUEZ, FERNANDO M
475 ENTERPRISES DRIVE
SUITE 201
PORT ST LUCIE FL 34986

Name

Rodriguez, Fernando M.

Street Address (P.O. Box Number is Not Acceptable)

Mystic Pointe Dr. - Tower 200

Ap. 2605

City

Aventura

FL

Zip Code
33180

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.

FERNANDO RODRIGUEZ

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
RODRIGUEZ, FERNANDO M
2001-A CONGRESS AVE
WEST PALM BEACH FL 33404 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
Rodriguez, Fernando M.
2400 E. Commercial Blvd. Suite 624
Ft. Lauderdale, FL 33308 ☒ 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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

954-489.2400

Daytime Phone #

CR2E034 (9/99)