

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90294 001 ***558.75

DOCUMENT # F96000003201

1. Entity Name

Access Authority, Inc.

Principal Place of Business

Mailing Address

C0070450

2. Principal Place of Business

440 Sawgrass Corporate Pkwy

3. Mailing Address

440 Sawgrass Corporate Pkwy

Suite, Apt. #, etc.

Suite 112

Suite, Apt. #, etc.

Suite 112

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33325

Country

USA

Zip

33325

Country

USA

4. FEI Number

23-2775858

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Seefried, Johannes
 440 Sawgrass Corp Pkwy
 Suite 112
 Sunrise, FL 33325

7. Name and Address of New Registered Agent

Name

Luca Giussani

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

440 Sawgrass Corporate Pkwy #112

City

Sunrise

FL

Zip Code

33325

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)

Luca Giussani

5-21-01

DATE

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

FILE NOW!!!
 After MAY 1, 2001
 Make Check Payable to Department of State

FEE IS \$150.00
 Fee will be \$550.00
 to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 C Giussani, Luca 440 Sawgrass Corporate Pkwy #112 Sunrise, FL 33325 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 P Chaskin, Jeffrey 440 Sawgrass Corporate Pkwy #112 Sunrise, FL 33325 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 S Seefried, Johannes 440 Sawgrass Corporate Pkwy #112 Sunrise, FL 33325 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luca Giussani

5-21-01 954-846-7887

Date

Daytime Phone

CR2E034 (11/00)