

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006998

1. Entity Name

ACCESSO INTERNATIONAL, INC.

Principal Place of Business

248 THREE ISLAND BLVD., #201
HALLANDALE FL 33009

Mailing Address

248 THREE ISLAND BLVD., #201
HALLANDALE FL 33009

2. Principal Place of Business

11245 N.W. 46 LANE

3. Mailing Address

P.O. Box 226917

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

43-1663732

Applied For

Not Applicable

Zip

33178

Country

U.S.A.

Zip

33122-6917

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VELAZQUEZ, JULIO
248 THREE ISLANDS BLVD., #201
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

JULIO VELAZQUEZ

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

11245 NW 46 LANE

City

MIAMI

FL

Zip Code

33178

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE PS
NAME VELAZQUEZ, JULIO
STREET ADDRESS 248 THREE ISLANDS BLVD., #201
CITY-ST-ZIP HALLANDALE FL ☐ Delete

TITLE V
NAME VELAZQUEZ, AMANDA B
STREET ADDRESS 248 THREE ISLANDS BLVD., #201
CITY-ST-ZIP HALLANDALE FL ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME VELAZQUEZ, JULIO
STREET ADDRESS 11245 NW 46 LANE
CITY-ST-ZIP MIAMI, FL 33178 ☒ Change ☐ Addition

TITLE V
NAME VELAZQUEZ, AMANDA B.
STREET ADDRESS 11245 NW 46 LANE
CITY-ST-ZIP MIAMI, FL 33178 ☒ 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

4-23-2001

Date

305-436-9009

Daytime Phone #

0224589

CR2E034 (10/00)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90384 002 ***150.00

00042799



DO NOT WRITE IN THIS SPACE