

2002 UNIFORM BUSINESS REPORT (UBR)

0012883

DOCUMENT # L01000012922

1. Entity Name

ACCESS DEVELOPMENT, LLC

FILED

Apr 24, 2002 8:00 A.M.
Secretary of State

Principal Place of Business

COASTAL TOWERS
2400 EAST COMMERCIAL BLVD., STE. 625
FT LAUDERDALE FL 33308

Mailing Address

COASTAL TOWERS
2400 EAST COMMERCIAL BLVD., STE. 625
FT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YALALE, FELIPE
COASTAL TOWERS
2400 EAST COMMERCIAL BLVD., STE. 625
FT LAUDERDALE FL 33308

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
YALALE, FELIPE
COASTAL TOWERS 2400 E COMMERCIAL BLVD #625
FT LAUDERDALE FL 33308

☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
MGRM
CURI, CESAR
COASTAL TOWERS 2400 E COMMERCIAL BLVD #625
FT LAUDERDALE FL 33308

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED

FELIPE YALALE, PRES

04.22.02

954-489-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)