## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## FILED Mar 10, 2003 8:00 am

DOCU	MENT # L010000	A P		Secretary of State 03-10-2003 90028 031 ****50.00				
ACCESS ONE PRIVATE INVESTIGATIONS, LLC					03 10 2003	700 <b>20</b> 051 5	0.00	
Principal Plac	ce of Business	Mailing Address		<del> </del>				
213 SW 3RD A HALLANDALE F		213 SW 3RD AVENUE HALLANDALE FL 33009				,		
2. Principal Place of Bysiness 24 K AVE 820 N. 24				.				
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			CHECK HERE	IF MAKING CHANGE	S	
City & Sta	LYWOOD HOMIDA		FLORED	1	ber <b>65-113349</b> 9	·	Applied For Not Applicable	]
3:30	6. Name and Address of Current	33020 T	3 ROWAR	5. Certifica	te of Status Desired	\$5.00 A Fee Requi		_
			Name		<del>()</del>			_
SINGER, ANDREW 213 SW 3RD AVENUE HALLANDALE FL 33009			Street	rones (P.O. Box Num)	belient voorgrapie	ENVE #	2_	4
	24.5. (2. 1. 2. 00000	·	Hou	ywoon		FL Zac	862 <i>O</i>	-
	e named entity submits this statement for tions of registered agent.		egistered office or	egistered agent, or b	_		h, and accept	]
SIGNATURE	Signature, typed or printed name of registered agents		Registered Agent signature	required when reinstating)	3.0	6-03 DATE		
		<b>J</b> ⊤	N!!! FEE:IS \$50	0.00				1
		-	By May 1, 2003					
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/	CHANGES		<u> </u>
TITLE NAME STREET ADDRESS	MGRM SINGER, ANDREW 213 SW 3RD AVENUE	Delete	TITLE NAME STREET ADDRESS	MGRA SINGGE,	ANDREW 244 AVE 2000 PLO	#2		83 (10/02
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP	HOLLY	ross Plo	NEOA 330	10	ا بر آرز
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	J		Change	Addition	Ğ
City-St-Zip			CITY-ST-ZIP					_
NAME STREET ADDRESS CITY-ST-ZIP			=TITLE ====================================		<del></del>		Addition -	-
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	-
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY ST. 7/B		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	1

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 repetver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: