

2001 UNIFORM BUSINESS REPORT (UBR)

1/13/0
* 1/13

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-13-2001 90021 002 *****5.00
01-13-2001 90021 001 ***150.00

DOCUMENT # P00000019239

1. Entity Name
ACCESS FIRST CORPORATION

Principal Place of Business
**692 SINCLAIR AVE
STATEN ISLAND NY 10312**

Mailing Address
**692 SINCLAIR AVE
STATEN ISLAND NY 10312**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
692 Sinclair Av
Suite, Apt. #, etc.

3. Mailing Address
692 Sinclair Av
Suite, Apt. #, etc.

City & State
Staten Is. N.Y.
Zip
10312

City & State
Staten Is. N.Y.
Zip
10312

4. FEI Number
59-3630774

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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 _____ (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 **Chairman/Pres./CEO** ☐ Delete
NAME **Herbert De Quevedo**
STREET ADDRESS **692 Sinclair Ave**
CITY-ST-ZIP **Staten Is N.Y. 10312** ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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: **Herbert De Quevedo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 7, 2001 718 9676855
Date Daytime Phone #

CR2E034 (10/00)