

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000022106

1. Entity Name

ALL ACCESS CONTROLS, INC.

Principal Place of Business

1226 SOUTHWEST AIROSO BOULEVARD
PORT ST. LUCIE FL 34985

Mailing Address

1226 SOUTHWEST AIROSO BOULEVARD
PORT ST. LUCIE FL 34985

2. Principal Place of Business

4674 SW. TACOMA ST. PO. Box 7364

3. Mailing Address

4674 SW. TACOMA ST. PO. Box 7364

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

Zip

34953

Country

St. Lucie

Zip

34985

Country

St. Lucie

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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: PSD
NAME: GARCIA, GEORGE
STREET ADDRESS: 1226 SOUTHWEST AIROSO BOULEVARD
CITY-ST-ZIP: PORT ST. LUCIE FL 34985 ☐ Delete

TITLE: VTD
NAME: MARRERO, ELIZABETH
STREET ADDRESS: 1226 SOUTHWEST AIROSO BOULEVARD
CITY-ST-ZIP: PORT ST. LUCIE FL 34985 ☒ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSD
NAME: GARCIA, JORGE
STREET ADDRESS: 4674 S.W. TACOMA street
CITY-ST-ZIP: PORT ST. LUCIE, FL 34953 ☒ Change ☐ Addition

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

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

04-27-2001 90291 038 ***150.00

645863



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)