

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000044924**1. Entity Name  
WORLD ACCESS FINANCIAL CONSULTANTS, INC.

## Principal Place of Business

1689 N HAITUS ROAD

PEMBROKE PINES  
33026

FL

## Mailing Address

1689 N HAITUS ROAD

PEMBROKE PINES  
33026

FL

## 2. Principal Place of Business

1580 SAWGRASS CORPORATE PARKWAY

Suite, Apt. #, etc.  
SUITE 130City & State  
SUNRISE

FL

Zip  
33323

Country

## 3. Mailing Address

1580 SAWGRASS CORPORATE PARKWAY

Suite, Apt. #, etc.  
SUITE 130City & State  
SUNRISE

FL

Zip  
33323

Country

## 4. FEI Number

65-1019722

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

STUBBS DEVON  
1689 N HAITUS ROADPEMBROKE PINES  
33026

FL

## 7. Name and Address of New Registered Agent

Name

STUBBS DEVON

Street Address (P.O. Box Number is Not Acceptable)  
1580 SAWGRASS CORPORATE PARKWAY

SUITE 130

City  
SUNRISE

FL

Zip Code  
33323

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 \_\_\_\_\_ **04/30/2001**

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	D	<input type="checkbox"/> Delete
NAME	STUBBS DEVON	
STREET ADDRESS	1689 N HAITUS ROAD	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	PVST	<input type="checkbox"/> Delete
NAME	STUBBS DEVON	
STREET ADDRESS	1689 N HAITUS ROAD	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUBBS DEVON	
STREET ADDRESS	1580 SAWGRASS CORPORATE PARKWAY SUITE 130	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUBBS DEVON	
STREET ADDRESS	1580 SAWGRASS CORPORATE PARKWAY SUITE 130	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: DEVON STUBBS**

D

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)