

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90023 018 \*\*\*150.00

**DOCUMENT # P00000099838**

1. Entity Name

**ADAPTED FOR ACCESS, INCORPORATED**

Principal Place of Business

1329 SW 72ND AVE.  
MIAMI FL 33144-5444

Mailing Address

1329 SW 72ND AVE.  
MIAMI FL 33144-5444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1048519**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REINA, LEXANDER A**  
**1329 SW 72ND AVE.**  
**MIAMI FL 33144-5444**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRES**  
**REINA, LEXANDER A**  
**1329 SW 72ND AVENUE**  
**MIAMI FL 33144-5444**

☐ Delete

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9-1-2002** **(786) 287 3886**

CR2E034 (4/02)



**Adapted for Access, Incorporated**  
*Custom Modifications for People with Disabilities:*  
**Homes ♦ Vehicles ♦ Worksites ♦ Computer Systems**  
1329 SW 72<sup>nd</sup> Avenue  
Miami, FL 33144-5444  
CEL: 786-287-3856  
TEL: 305-267-3856  
FAX: 801-729-5755  
e-mail: [lxreina@yahoo.com](mailto:lxreina@yahoo.com)

Attachment  
B# P00000099838  
87/383

September 1, 2002

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: Adapted for Access, Incorporated  
FEIN: 65-1048519

Dear Sir or Madam:

I am requesting waiver of the late fee applied to my Uniform Business Report Filing Fee. I did not receive the first UBR in the mail. This is my corporation's first renewal and I was unaware of the filing deadline.

I have enclosed a check for \$150, along with my report. If you have any questions or need additional information, please contact me at 786-287-3856. Thank you for your assistance.

Sincerely,

Alexander A. Reina  
President