

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91842 026 \*\*\*150.00

**DOCUMENT # P01000001141**

**1. Entity Name**  
**FIRST ACCESS REALTY, INC.**



**Principal Place of Business**  
**2500 E HALLANDALE BEACH**  
**#705**  
**HALLANDALE BEACH FL 33009**

**Mailing Address**  
**3851 SW 160TH AVE**  
**#102**  
**MIRAMAR FL 33027**

**2. Principal Place of Business**

**3. Mailing Address**  
**16225 SW 7th ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**PENSACOLA PINAS, FL**

Zip

Country

Zip  
**33027**

Country  
**USA**

**4. FEI Number 65-1065836**

Applied For  
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**COLLINS, ISABEL**  
**3851 SW 160 AVE #102**  
**MIRAMAR FL 33027**

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:** *Isabel Collins*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	COLLINS, ISABEL	
STREET ADDRESS	3851 SW 160 AVE #102	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Isabel Collins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/24/03 (9) 441-7327*  
Date Daytime Phone #

CR2E034 (10/02)