

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P 01000046815

1. Entity Name

*Accion, inc*

02 NOV 12 AM 10: 06

*Amended*  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*3107 Stirling Road  
# 208*

3. Mailing Address

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Fort Lauderdale, FL*

City & State

4. FEI Number

*32-0035224*

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*Frank Toral*

Street Address (P.O. Box Number is Not Acceptable)

*3107 Stirling Road # 208*

*Fort Lauderdale, FL 33312*

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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 state if applicable.

(NOTE: Registered Agent signature required when reinstating)

*10/7/02*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	<i>President Frank Toral 3107 Stirling Road # 208 Ft. Lauderdale FL 33312</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Vice President Frank Toral 3107 Stirling Road # 208 Ft. Lauderdale, FL 33312</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Secretary Frank Toral 3107 Stirling Road # 208 Ft. Lauderdale, FL 33312</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>500008942335 11/12/02--01124--008 **61.25</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>R 11/19</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/7/02 954-4554210*

Daytime Phone #

CR2E034B (12/01)



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

October 11, 2002

ACCION, INC.  
3107 Stirling Road  
#208  
Ft Lauderdale, FL 33312

SUBJECT: ACCION, INC.  
Ref. Number: P01000046815

We have received your document for ACCION, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$.

The filing fee for an amended annual report/uniform business report is \$61.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M. Shivers  
Document Specialist

Letter Number: 202A00056896