## 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000048520 1. Entity Name Accsess Point Distributors, Inc. Principal Place of Business Mailing Address 17190 SW 94th Avenue Apt 903 Same Miami, Fl. 33157

## **FILED** May 14, 2002 8:00 am Secretary of State 05-14-2002 90354 025 \*\*\*150.00

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z. Principal Pia	ace of Business	3. Mailing Address		-					
ifSuite, Apt #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number			oplied For	
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Zip Country		Zip	Country		5. Certificate of Status Desire	ed 🗆	\$8.75 Add Fee Require	8.75 Additional e Required	
	6. Name and Address of Current I	Registered Agent			7. Name and Address of New	w Registere	d Agent		
	on Diaz	• •		Name	*			. •	
	) SW 94th Avenue			Street Address	s (P.O. Box Number is Not Accepta	able)		<del></del>	
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a. The above i	samed entity sporms this statement for	the purpose of changing it	s registere	o onice or regist	leted agent, or both, at the state of	rionoa.			
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SIGNATURE _	ignature, typed or printed name of registered agent a	nd title il applicable. (NO	TE: Registered	Agent signature requi	red when reinstating)	DATE			
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	ation is eligible to satisfy its Intangible. quirement and elects to do so.	* FILE NOW YAHAF WAY 112			10. Election Campaign		_ \$5.0	O May Be	
(See criteria		Make Check Rays	ble to De	dant ment of S	Trust Fund Contribu	ution.	☐ Added	to Fees	
11.	OFFICERS AND		12.		ADDITIONS/CHANGES TO (	DEFICERS AT	ND DIRECTOR	S IN 11	
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NAME	Nelson Diaz		NAME	:			, .	_	
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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 OF FRINTED NAME OF SIGNING OFFICER OR DIRECTOR