

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90447 030 ***150.00

DOCUMENT # P01000088234 ✓

1. Entity Name

Access America Telecommunications, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9907 Pines Blvd.

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, FL

City & State

4. FEI Number

65-1146601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

33024

USA

7. Name and Address of Current Registered Agent

Name Rosa ASENSIO

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

844 NW 81 Terr.

City Plantation

FL

Zip Code 33324

**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 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) ☒

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	<u>President</u>
NAME	<u>Rosa ASENSIO</u>
STREET ADDRESS	<u>9907 Pines Blvd.</u>
CITY - ST - ZIP	<u>Pembroke Pines, FL 33024</u>
TITLE	<u>CEO</u>
NAME	<u>Yamil Rivera</u>
STREET ADDRESS	<u>9907 Pines Blvd.</u>
CITY - ST - ZIP	<u>Pembroke Pines, FL 33024</u>
TITLE	
NAME	
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**DO NOT WRITE
IN THIS SPACE**

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:

Rosa ASENSIO President

4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)