


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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90214 005 ***150.00

DOCUMENT # PO2000061462
1. Entity Name
NATIONACCESS CORP



90104223

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6912 NW 72ND AVENUE Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State	
Zip 33166	Country DADE	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0613991		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
7. Name and Address of Current Registered Agent		
Name AMADO DIAZ JR		
Street Address (P.O. Box Number is Not Acceptable) 6912 NW 72ND AVENUE		
City MIAMI	FL	Zip Code 33166

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

SIGNATURE

[Handwritten Signature]
Date **4/21/03**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - AMADO DIAZ JR 6912 NW 72ND AVE MIAMI, FLORIDA 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - JESUS E. OROZCO 6912 NW 72ND AVE MIAMI, FLORIDA 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 of 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 on an attachment with an address, with all other like empowered.

SIGNATURE

[Handwritten Signature]

04/21/03

305-805-8477

Date

Daytime Phone #

CR2E0348 (12/02)