FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91151 036 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000070621

1. Entity Name
ACCESSNOTARY SERVICES OF FLORIDA, INC.

11040565

Principal Place of Business	Mailing Address
16445 COLLINS AVE. #422 SUNNY ISLES BEACH, FL 33160	16445 COLLINS AVE. #422 SUNNY ISLES BEACH, FL 33160

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1000 Ponce de Leon Blvd.	1000 Ponce de Leon Blvd.
Suite, Apt. #, etc. #127	Suite, Apt. #, etc. #127
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. FEI Number: 76-0705567 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CORDERO, CATHERINE
16445 COLLINS AVE. #422
SUNNY ISLES BEACH, FL 33160

7. Name and Address of New Registered Agent
Name: (same)
Street Address (P.O. Box Number is Not Acceptable): 1000 Ponce de Leon Blvd. #127
City: Coral Gables FL Zip Code: 33134

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 (same registered agent)
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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD CORDERO, CATHERINE 16445 COLLINS AVE. #422 SUNNY ISLES BEACH, FL 33160 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1000 Ponce de Leon Blvd. #127 Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Catherine Cordero 4/28/03 (305)321-2025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #