## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **P94000088105** 1. Entity Name SPACE ACCESS INNOVATIONS, INC. 04-19-2000 90051 039 \*\*\*150.00 Mailing Address Principal Place of Business 16105 SW 74TH CT 1007 W AVE M-14 STE C MIAMI FL 33157-3887 PALMDALE CA 93551-1443 2. Principal Place of Business 3. Mailing Address 16105 SW 74 CT DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SEFTE C Applied For 4. FEI Number City & State City & State 65-0545278 Not Applicable MIAMIKEEL OF Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required USA <u>33157 - 3887</u>-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BEZOLD, RICHARD M ESQ Street Address (P.O. Box Number is Not Acceptable) 1 S.E. 3RD AVENUE, 28TH FLOOR **MIAMI FL 33131** Zip Code City FL 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Change ☐ Delete TITLE NAME **WURST, STEPHEN G** STREET ADDRESS STREET ADDRESS 1007 WEST AVENUE M-14, SUITE C CITY-ST-ZIP CITY-ST-ZIF PALMDALE CA TITLE ☐ Change ☐ Addition Defete STD NAME NAME SMITH, CHARLES ALAN STREET ADDRESS STREET ADDRESS 16105 SW 74TH CT CITY-ST-7IP CITY-ST-ZIP MIAM! FL. ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS COTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

tephen G. Wurst

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 April 2000 (661) 267-4000