

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074833

1. Entity Name

ACCESS TOUR & TRANSPORTATION INC

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90262 009 ***158.75

Principal Place of Business

7021 GRAND NATIONAL DR
SUITE 109
ORLANDO FL 32819
US

Mailing Address

7021 GRAND NATIONAL DR
SUITE 109
ORLANDO FL 32819-8378
US

2. Principal Place of Business

7021 GRAND NATIONAL DR

Suite, Apt. #, etc.

109

City & State

ORLANDO FL

Zip

32819

Country

ORANGE

3. Mailing Address

7021 GRAND NATIONAL DR

Suite, Apt. #, etc.

109

City & State

ORLANDO, FL

Zip

32819

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3463653

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERRYANE, RACHID
7021 GRAND NATIONAL DR
SUITE 109
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 **P** ☐ Delete
NAME **ELKHANDER, YOUNES**
STREET ADDRESS **3275 SMOKE SIGNAL CIR**
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **ST** ☐ Delete
NAME **BERRYANE, RACHID**
STREET ADDRESS **7021 GRAND NATIONAL DR SUITE 109**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **ST**
STREET ADDRESS **MALEK BEN ALI**
CITY-ST-ZIP **6424 Hidden Dale Ave**
Orlando, FL 32819

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

I 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 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIRIM BERRYANE RACHID BERRYANE

Date

Daytime Phone #

CR2E034 (9/99)