

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

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90782 044 ***150.00

DOCUMENT # **P97000097403**

1. Entity Name

PRIME ACCESS INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5513 N. MILITARY TRAIL

3. Mailing Address

5513 N. MILITARY TRAIL

Suite, Apt. #, etc.

#708

Suite, Apt. #, etc.

#708

City & State

BOCA RATON - FLORIDA

City & State

BOCA RATON - FLORIDA

Zip

33496

Country

USA

Zip

33496

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0821677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROSS H. MANELLA P.A.

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

2237 N. COMMERCE PARKWAY

SUITE 3

City

WESTON

FL

Zip Code

33326

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
P/T
JOEL LONDON
5513 N. MILITARY TRAIL #708
BOCA RATON - FL 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S
ROBERTA STEINFELD LONDON
5513 N. MILITARY TRAIL #708
BOCA RATON - FL 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **JOEL LONDON** JOEL LONDON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/02

Date

561-988-2107

Daytime Phone #

CR2E034B (12/01)