

FROM : -

FAX NO. : 19544236902

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91324 002 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015872

1. Entity Name

Pro Access, Inc.

668005

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

927 LINCOLN ROAD

3. Mailing Address

927 LINCOLN ROAD

Suite, Apt. #, etc.

STE 200

Suite, Apt. #, etc.

STE 200

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. FSI Number

65-0816787

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name BERNECERMAN, STEVEN D P.A.

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

8751 W. BROWARD BLVD., SUITE 206

City PLANTATION

FL

Zip Code 33324

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 file # 4554-0000

NOTE: Registered Agent signature required when (re)registering

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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January 1 - May 31 Fee is \$150.00

After May 1 Fee is \$250.00

Amended UBR is \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution

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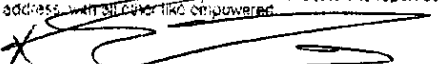
\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEVIN, ERIC 927 LINCOLN ROAD, SUITE 200 MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE
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)(f), 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 file 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 cover like empowered.

SIGNATURE: 

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

305-674-7221

DATE

Telephone Number

CR20348 (12/01)