2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empowered changed, or on an attachment with an address with all

Apr 18, 2002 8:00 am Secretary of State P98000092732 **DOCUMENT #** 1. Entity Name 04-18-2002 90440 017 ***150.00 WORLD ACCESS TRAVEL, INC. Principal Place of Business Mailing Address 11095 SW 69TH TERRACE 11095 SW 69TH TERRACE **MIAMI FL 33173** MIAMI FL 33173 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0872550 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NUNEZ, JENNY E 11095 SW 69TH TERRACE **MIAMI FL 33173** 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 title if applicable required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangiple 10. Election Campaign Financing -\$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 12. 11. CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE NUNEZ, CARLOS A NAME 7465 5W 8 ST NAME 11095 SW 69TH TERRACE STREET ADDRESS STREET ADDRESS **MIAMI FL 33173** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition **X** Change TITLE SVD Delete TITLE NUNEZ, JENNY E NAME NAME STREET ADDRESS STREET ADDRESS 11095 SW 69TH TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 Change Addition TITLE -TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED