

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

**FILED**  
**Jun 23, 2002 8:00 am**  
**Secretary of State**

06-23-2002 90503 002 \*\*\*158.75

DOCUMENT # P99000061322 ✓

1. Entity Name  
Access Building Contractors Co.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>918 NW 7 Ave.</u>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI FL</u>		City & State	
Zip <u>33136</u>	Country <u>1</u>	Zip	Country

4. FEI Number  
65-0933246

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Charles Angell

Street Address (P.O. Box Number is Not Acceptable)  
1609 NE 105 St.

City MIAMI FL Zip Code 33138

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  Charles Angell DATE 4-29-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

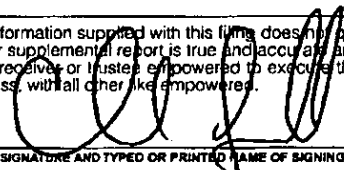
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

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	<u>Charles Angell</u> <u>1609 NE 105 St.</u> <u>MIAMI FL 33138</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 full other like empowered.

SIGNATURE:  Charles Angell DATE 4-29-02 Daytime Phone # 305-324-1166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)