

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-24-2002 91 292 044 \*\*\*150.00

**DOCUMENT # P99000078885**

1. Entity Name

ACCOOL.COM INCORPORATED

Principal Place of Business

5415 COLLINS AVENUE SUITE 505  
 MIAMI BEACH FL 33140

Mailing Address

5415 COLLINS AVENUE SUITE 505  
 MIAMI BEACH FL 33140

2. Principal Place of Business

4170 S.W. 74<sup>th</sup> COURT

Suite, Apt. #, etc.

3. Mailing Address

4170 S.W. 74<sup>th</sup> COURT

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33155

Country

USA

Zip

33155

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ROGERS, SCOTT L  
 5415 COLLINS AVENUE SUITE 505  
 MIAMI BEACH FL 33140

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, 2002 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 **D**  
 NAME **ROGERS, SCOTT L**  
 STREET ADDRESS **5415 COLLINS AVENUE SUITE 505**  
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

Delete  
 keep

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Director + President**  
 NAME **Pedro L. Debesma**  
 STREET ADDRESS **4170 S.W. 74<sup>th</sup> COURT**  
 CITY-ST-ZIP **MIAMI, FL 33155**

☐ Change ☒ Addition

TITLE **Director, Secretary-Treasurer**  
 NAME **Jose L. Balardi**  
 STREET ADDRESS **897 S.W. 86<sup>th</sup> COURT**  
 CITY-ST-ZIP **MIAMI FL 33145**

☐ Change ☒ Addition

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

305-725-0869

Daytime Phone #

CR2E034 (9/01)