

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90155 044 \*\*\*150.00

**DOCUMENT # P99000101780**

1. Entity Name  
**ACCESS GRAPHIX.COM, INC.**

Principal Place of Business <b>13160 NW 6TH TERRACE          MIAMI FL 33182</b>	Mailing Address <b>13160 NW 6TH TERRACE          MIAMI FL 33182</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2510 NW 97 AVE</b> Suite, Apt. #, etc. <b>#110</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Miami, FLA</b>		City & State	
Zip <b>33172</b>	Country <b>USA</b>	Zip	Country
4. FEI Number <b>105-0968630</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>PEREZ, CARLOS EMILIO          13160 NW 6TH TERRACE          MIAMI FL 33182</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST PEREZ, CARLOS EMILIO 13160 NW 6TH TERRACE MIAMI FL 33182</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CARLOS PEREZ **DATE:** 5-21-00 **DAYTIME PHONE #:** (305) 592-4502

CR2E034 (9/99)