

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2001 8:00 am
Secretary of State

DOCUMENT # P94000063883

1. Entity Name
A.C.C.S. ENTERPRISES, INC.

01-18-2001 90005 013 ***150.00

Principal Place of Business
1009 NW 132 AVE
SUNRISE FL 33323
Mailing Address
1017 NW 132 AVE
SUNRISE FL 33323
US

0000238



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 65-0530069
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DRAIZIN, SCOTT D
1009 NW 132 AVE
SUNRISE FL 33323

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] DATE [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, 2001 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

Table with 6 rows for Officers and Directors. Columns include Title, Name, Street Address, City-ST-ZIP, and a Delete checkbox.

Table with 6 rows for Additions/Changes to Officers and Directors. Columns include Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and 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] VP Date 1-8-01 Daytime Phone # 954-470-3300

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CR2E034 (10/00)