

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90002 029 \*\*\*550.00

VENTURA AV

<b>DOCUMENT # 508968</b>			
1. Entity Name <b>DATA ACCESS CORPORATION</b>			
Principal Place of Business <b>14000 SW 119 AVENUE MIAMI FL 33186</b>		Mailing Address <b>14000 SW 119 AVENUE MIAMI FL 33186</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1678681</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>CASANAVE, CHARLES L III</b> <b>14000 SW 119 AVENUE</b> <b>MIAMI FL 33186</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>CASANAVE, CHARLES L</b>		NAME				
STREET ADDRESS	<b>13600 SW 186TH ST</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>MIAMI FL</b>		CITY-ST-ZIP				
TITLE	<b>PTD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>CASANAVE, CHAS L III</b>		NAME				
STREET ADDRESS	<b>18441 SW 85TH CT</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>		CITY-ST-ZIP				
TITLE	<b>VD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>MEELEY, STEPHEN W</b>		NAME				
STREET ADDRESS	<b>14532 SW 142 PLACE CIR</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>MIAMI FL</b>		CITY-ST-ZIP				
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>VAZQUEZ, DEBORAH</b>		NAME				
STREET ADDRESS	<b>188 SHORE DRIVE SOUTH</b>		STREET ADDRESS				
CITY-ST-ZIP	<b>COCONUT GROVE FL</b>		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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:** Charles L Casanave **8/30/01** **305 238-0012**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)