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May 06, 2003 8:00 am
Secretary of State
05-06-2003 90034 012 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000062097

1. Entity Name
LOVING ACCENTS INC.

Principal Place of Business	Mailing Address
12147 SW 131 AVENUE MIAMI, FL 33186 US	12147 SW 131 AVENUE MIAMI, FL 33186 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11349 S.W. 69th Lane	11349 S.W. 69th Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33173 Country:	Zip: 33173 Country:

4. FEI Number: 65-1114673 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SEGAL, REBECA M
12147 SW 131 AVENUE
MIAMI, FL 33186

7. Name and Address of New Registered Agent
Name: Rebeca M. Segal
Street Address (P.O. Box Number is Not Acceptable): 11349 S.W. 69th Lane
City: Miami FL Zip Code: 33173

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] April 29, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	SEGAL, REBECA M	
STREET ADDRESS	12147 SW 131 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	V	☐ Delete
NAME	SEGAL, DAVID M	
STREET ADDRESS	12147 SW 131 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☑ Change ☐ Addition
NAME		
STREET ADDRESS	11349 S.W. 69th Lane	
CITY-ST-ZIP	Miami FL 33173	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	11349 S.W. 69th Lane	
CITY-ST-ZIP	Miami FL 33173	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] April 29, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #