

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 06, 2001 8:00 am**  
**Secretary of State**

07-06-2001 90199 039 \*\*\*150.00

CR2E034 AV

**DOCUMENT # P97000105163**

1. Entity Name  
**ITALIAN ACCENT OF BOCA, INC.**



Principal Place of Business <b>3013 YAMATO ROAD B-18          BOCA RATON FL 33434          US</b>	Mailing Address <b>3575 N.E. 207TH STREET          AVENTURA FL 33180</b>
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>65-0817020</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip	Country	Zip	Country
-----	---------	-----	---------

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

**6. Name and Address of Current Registered Agent**

**SMOLER, BRUCE**  
**100 S.E. 2ND STREET**  
**SUITE 2620**  
**MIAMI FL 33131**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ABADY, DAVID</b> <b>3575 N.E. 207TH STREET</b> <b>MIAMI FL 33180</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ABADY, ELIZABETH</b> <b>3575 N.E. 207TH STREET</b> <b>MIAMI FL 33180</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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 another like empowered.

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

*6/30/01* *3059359418*  
 Date Daytime Phone #

CR2E034 (5/01)

Attachment  
DET 7000  
855152

105103  
MARIO PUCCI

In March sometime I had written a letter explaining that I had not received my original UB report. I had called and found out it was not filed. I was forced to print out from the Division of Corporation and told to order a new UB report and when I receive it attach to the copy I received from your office.

In my original letter I explained that I ~~had~~ never received my original UB report and therefore it was going to be late. Instead of receiving my UB report with a note received this one. Please accept if so I would received the original or a new UB report when requested.

Sincerely  
David Pindy

MAIL COORDINATOR  
TO  
Waterway Shoppes  
3575 NE 207th St B-11  
Aventura, FL 33180  
Phone (305) 935-9415  
Fax (305) 935-9467

Regency Court  
3013 Yamato Road B18  
Boca Raton, FL 33434  
Phone (561) 982-8382  
Fax (561) 982-8380

Waterway Shoppes  
2226 Weston Rd  
Weston, FL 33326  
Phone (954) 385-0091  
Fax (954) 385-0905