

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90251 001 ***150.00
 01-31-2002 90251 002 *****8.75

DOCUMENT # P97000105163

1. Entity Name
ITALIAN ACCENT OF BOCA, INC.

Principal Place of Business
**3013 YAMATO ROAD B-18
 BOCA RATON FL 33434
 US**

Mailing Address
**3575 N.E. 207TH STREET
 AVENTURA FL 33180**



2. Principal Place of Business
18521 WEST DIXIE HWY
 Suite, Apt. #, etc.

3. Mailing Address
18521 WEST DIXIE HWY
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
AVENTURA FLA

City & State
AVENTURA FLA

4. FEI Number **65-0817020** Applied For Not Applicable

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

Zip **33180** Country
 Zip **33180** Country

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 _____
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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE * NAME STREET ADDRESS CITY-ST-ZIP	D ABADY, DAVID 3575 N.E. 207TH STREET MIAMI FL 33180	<input type="checkbox"/> Delete
TITLE * NAME STREET ADDRESS CITY-ST-ZIP	D ABADY, ELIZABETH 3575 N.E. 207TH STREET MIAMI FL 33180	<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

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 I am empowered.

SIGNATURE: **SIGNATURE REQUIRED DAVID ABADY** **1/5/02 305 955 0096**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)