

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90037 009 ***158.75

DOCUMENT # P99000100694

1. Entity Name
ACCENT INTERIORS INC.

Principal Place of Business 14805 NW 88 AVE HIALEAH FL 33018	Mailing Address 14805 NW 88 AVE HIALEAH FL 33018
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-0962527	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARINAS, GABRIEL
14805 NW 88 AVE
HIALEAH FL 33018

7. Name and Address of New Registered Agent

Name Gabriel Marinas
 Street Address (P.O. Box Number is Not Acceptable)
2512 SW 156 Ave.
 City Miramar FL Zip Code 33027

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 Gabriel Marinas Gabriel Marinas Director Gabriel Marinas 4-26-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	SANCHEZ, MARTHA
STREET ADDRESS	14805 NW 88 AVE
CITY-ST-ZIP	HIALEAH FL 33018
TITLE	D <input type="checkbox"/> Delete
NAME	MARINAS, GABRIEL
STREET ADDRESS	14805 NW 88 AVE
CITY-ST-ZIP	HIALEAH FL 33018
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Director</u>
STREET ADDRESS	<u>Marinas, Gabriel</u>
CITY-ST-ZIP	<u>2512 SW 156 Ave.</u>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Miramar, FL 33027</u>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Gabriel Marinas Gabriel Marinas 4-27-01 (305) 819-4252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0101598

CR2E034 (10/00)