

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90218 038 \*\*\*\*55.00

0031029

**DOCUMENT # L01000012421**

1. Entity Name  
**AFRICAN ACCENTES', LLC**

Principal Place of Business  
**1629 NW NORTH RIVER DRIVE  
 SUITE 301  
 MIAMI FL 33125**

Mailing Address  
**1629 NW NORTH RIVER DRIVE  
 SUITE 301  
 MIAMI FL 33125**

**900413**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *Ste 204*  
**250 NW South River Dr**  
 Suite, Apt. #, etc.

3. Mailing Address  
**250 NW South River Dr**  
 Suite, Apt. #, etc.

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

Zip  
**33128**

Country  
**USA**

Zip  
**33128**

Country  
**USA**

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED  
 1000 WEST AVE. SUITE 1114  
 MIAMI BEACH FL 33139**

## 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

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH-KIDD, MILDRED</b>	
STREET ADDRESS	<b>1629 NW NORTH RIVER DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>KIDD, JAMES A II</b>	
STREET ADDRESS	<b>1629 NW NORTH RIVER DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>POPE, CARRIE</b>	
STREET ADDRESS	<b>1629 NW NORTH RIVER DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Mildred O. Smith-Kidd*  
*Mildred O. Smith-Kidd, Managing Member*  
 Date: *April 30, 2002*  
 Daytime Phone #: *(305) 545-1463*