2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

MIAMI FL 33186

12539 SW 128 ST

L42360 **DOCUMENT #**

1. Entity Name

ACCO INC.

12539 SW 128 ST

MIAMI FL 33186

Principal Place of Business



FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90160 039 ***150.00

JUURIUIR -



Principal Place of Business Address												
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City	City & State				CE 0400704			plied For		
Only & State			,				65-0182701		Not Applicable			
Zip		Zip		Coun	try	. 5. Certificate of Status Desired \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
						Name						
GODOY, N	iestor v.			,	Street Address (P.O. Box Number is Not Acceptable)							
11320 SW	120 ST		-									
MIAMI FL :	33176											
					City			FL	Zip Code	3		
		age of changing its	ad office or regist	tered ager	nt, or both, in the State of		 amiliar with, :	and accept				
The above the obligation	named entity ions of registe	submits this statement i red agent.	or the pulp	ose or changing its	register	ed office of region	torou ago.					
are congac	icitic ci regione											
SIGNATURE .	Signature, burged o	r printed name of registered ager	nt and title if app	licable. (NOTE	E: Registere	d Agent signature requi	ired when rein	stating)	DATE			
					<u> </u>			-			****	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00				,				9. Election Campaign	-		May Be to Fees	
Attei Make Check	r May 1, 2004 k Pavable to	Florida Department	of State					Trust Fund Contribu	uon.) Added	10166	
	- Jupic 10	OFFICERS ANI		l DRS	11.		ADD	DITIONS/CHANGES TO C	FFICERS AND	DIRECTOR	3 IN 11	
10.	PD	OT TOLETO AIN	D DINEOTO	☐ Delete	TITL			<u>-</u>		☐ Change	☐ Addition	
NAME	GODOY, N	ESTOR V.		painte	NAM	1E					}	
	11320 SW	120 ST				EET ADDRESS						
CITY-ST-ZIP	MIAMI FL				CIT	/-ST-ZIP	<u> </u>		 -			
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NAME	GODOY, E				NAM	I						
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CITY-ST-ZIP	MIAMI FL	-		☐ Delete	TITI		·		, 	☐ Change	Addition	
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CITY-ST-ZIP	1				CiT	Y-ST-ZIP	_	<u> </u>				
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NAME					NA	ME						
STREET ADDRESS						REET ADDRESS						
CITY-ST-ZIP	<u> </u>					Y-ST-ZIP		LAD OCKOVEN EN-ESS- OF-1		rtifu that tha	information	
			وسأألك ستمام بالانا	a door not qualify fo	or the ev	amption stated in	s Section 1	119 07(3)(i) Florida Statut	es Truriner ce	TUTY LITEL LITE	momanon	

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 topol t 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 frustee emptywered 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: