

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90005 039 \*\*\*\*50.00



**DOCUMENT # L97000001080**

1. Entity Name  
**ACCENTMARKETING COMMUNICATIONS, L.C.**

Principal Place of Business Mailing Address  
**LA PUERTA DEL SOL 6401 SW 87 AVENUE, SUITE 204**  
**STE. 100, 800 DOUGLAS RD. MIAMI FL 33173**  
**CORAL GABLES FL 33134**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0785845</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>PLOUCHA, L M</b> <b>C/O ATKINSON, DINER, STONE &amp; MANKUTA, P.A.</b> <b>P. O. DRAWER 222088, 1046 TYLER ST.</b> <b>HOLLYWOOD FL 33022-2088</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	<b>MEM</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLANCO, ESTEBAN</b>	NAME		NAME		NAME	
STREET ADDRESS	<b>LA PUERTA DEL SOL, STE. 100 800 DOUGLAS RD</b>	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>MEM</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLANCO, MIRIAM</b>	NAME		NAME		NAME	
STREET ADDRESS	<b>LA PUERTA DEL SOL, STE. 100 800 DOUGLAS RD</b>	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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NAME	<b>BONET, FERNANDO</b>	NAME		NAME		NAME	
STREET ADDRESS	<b>LA PUERTA DEL SOL, STE. 100 800 DOUGLAS RD</b>	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

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: *Esteban Blanco* **3/11/03** **305-461-1112**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)