

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90085 006 ***150.00

DOCUMENT # P01000035785

1. Entity Name
APRIL'S ACCENTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3322 NE 33RD ST.
 FT. LAUDERDALE FL 33308**

Mailing Address
**3322 NE 33RD ST.
 FT. LAUDERDALE FL 33308**

2. Principal Place of Business
3020 NE 32ND AVE
 Suite, Apt. #, etc.
#510

3. Mailing Address
3020 NE 32ND AVE
 Suite, Apt. #, etc.
#510

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

4. FEI Number
65-1093334

Applied For
☐ Not Applicable

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

Zip Country
33308 US

Zip Country
33308 US

6. Name and Address of Current Registered Agent
DUTRA, APRIL
3322 NE 33RD ST.
FT. LAUDERDALE FL 33308

7. Name and Address of New Registered Agent
 Name **DUTRA, APRIL**
 Street Address (P.O. Box Number is Not Acceptable)
3020 NE 32ND AVE #510
 City **FT. LAUDERDALE** State **FL** Zip Code **33308**

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 *April L. Dutra* DATE *4/23/02*

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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUTRA, APRIL 3322 NE 33RD ST. FT. LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUTRA, APRIL 3020 NE 32ND AVE #510 FT. LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 like empowered.

SIGNATURE: *April L. Dutra* DATE *4/23/02* DAYTIME PHONE # *954-649-0584*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)