

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90240 050 ***150.00

DOCUMENT # **P010000057069**
1. Entity Name
Accents, Gifts and Dolls, Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3200 NE 14th St
Suite, Apt. #, etc.
City & State
Pompano Beach, FL
Zip
33062
Country
U.S.A.

3. Mailing Address
3200 NE 14th St
Suite, Apt. #, etc.
City & State
Pompano Beach, FL
Zip
33062
Country
U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1111255
Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name **Donald Goldrich**

Street Address (P.O. Box Number Is Not Acceptable)
3200 NE 14th St

City **Pompano Beach FL** Zip Code **33062**

**DO NOT WRITE
IN THIS SPACE**

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 date if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$300.00
Amended UBR is \$61.25
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

TITLE	Directors
NAME	Jeffrey Patnik
STREET ADDRESS	3200 NE 14th St
CITY - ST - ZIP	Pompano Beach, FL 33062
TITLE	Director
NAME	Andrea Patnik
STREET ADDRESS	3200 NE 14th St
CITY - ST - ZIP	Pompano Beach, FL 33062
TITLE	Director
NAME	Benjamin Miednik
STREET ADDRESS	3200 NE 14th St
CITY - ST - ZIP	Pompano Beach, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Steve M Palul**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 954-345-0125
Date Daytime Phone #

CR2034B (12/01)