

3/31

FILED
May 01, 2002 8:00 am
Secretary of State

03-31-2002 90327 006 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000079289

1. Entity Name

FOREVER ACCENTS, INC.

Principal Place of Business

18455 MIRAMAR PARKWAY #211
 MIRAMAR FL 33029

Mailing Address

18455 MIRAMAR PARKWAY #211
 MIRAMAR FL 33029

26359



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

05-1134988

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LEAL, MARILYN
 18924 S.W. 29TH COURT
 MIRAMAR FL 33029

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

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

TITLE PD
 NAME FLORES, JANET ☐ Delete
 STREET ADDRESS 5694 SW 114 AVE
 CITY-ST-ZIP COOPER CITY FL 33330

TITLE VD
 NAME FERNANDEZ, JASMIN ☐ Delete
 STREET ADDRESS 6873 BELLA VISTA AVE
 CITY-ST-ZIP PEMBROKE PINES FL 33331

TITLE TD
 NAME LEAL, MARILYN ☐ Delete
 STREET ADDRESS 18924 S.W. 29TH COURT
 CITY-ST-ZIP MIRAMAR FL 33029

TITLE SD
 NAME MARTINEZ, USA ☐ Delete
 STREET ADDRESS 1441 CAPRI LANE #5803
 CITY-ST-ZIP WESTON FL 33326

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02

Date

954-447-6823

Daytime Phone #

CR2E034 (9/01)