

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90138 013 ***150.00

DOCUMENT # P02000009742

1. Entity Name

ANTIGUA INTERIOR ACCENTS INC.



Principal Place of Business

**17565 DEER ISLE CIRCLE
WINTER GARDEN FL 34787**

Mailing Address

**17565 DEER ISLE CIRCLE
WINTER GARDEN FL 34787**

2. Principal Place of Business

738 8th Street

3. Mailing Address

738 8th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clermont FL

City & State

Clermont FL

4. FEI Number

460465734

Applied For

Not Applicable

Zip

Country

34711 Lake

Zip

Country

34711 Lake

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SMITH, PAUL

218 SOUTHERN COUNTRY LANE

QUINCY FL 32351

7. Name and Address of New Registered Agent

Name **Jennifer Damani Latha**

Street Address (P.O. Box Number is Not Acceptable)

738 8th St

City

Clermont

FL

Zip Code

34711

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

Jennifer Damani Latha
Signature, typed or printed name of registered agent and title if applicable

Vice President
(NOTE: Registered Agent signature required when reinstating)

2/28/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **MUNIZ, JUAN A**
STREET ADDRESS **17565 DEER ISLE CIRCLE**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **DS** ☐ Delete
NAME **MUNIZ, MILLIE R**
STREET ADDRESS **17565 DEER ISLE CIRCLE**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Jennifer Damani** ☐ Change ☒ Addition
NAME **Latha**
STREET ADDRESS **V**
CITY-ST-ZIP

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

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

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CITY-ST-ZIP

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Juan A Muniz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/03 352-243-5224

CR2E034 (10/02)