

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90124 032 \*\*\*150.00

**DOCUMENT # P02000040360**

1. Entity Name  
**ACCENTS & DESIGNS, INC.**



Principal Place of Business  
**2741 SOUTHWEST 27TH AVENUE  
MIAMI FL 33133**

Mailing Address  
**2741 SOUTHWEST 27TH AVENUE  
MIAMI FL 33133**

2. Principal Place of Business  
**ACCENTS & DESIGNS INC.**  
Suite, Apt. #, etc.  
**2741 SW 27 AVE.**

3. Mailing Address  
**2741 SW 27 AVE**  
Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip  
**33133** Country  
**USA**

Zip  
**33133** Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name  
**DESSIREE ZAPSAS**  
Street Address (P.O. Box Number is Not Acceptable)  
**2164 SW 25 TERRACE**  
City  
**MIAMI FL** Zip Code  
**33133-3420**

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/3/2003**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**ZAPSAS, DESSIREE** ☐ Delete  
**2741 SOUTHWEST 27TH AVENUE**  
**MIAMI FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSTD**  
**ZAPSAS, LUKAS** ☐ Delete  
**2741 SOUTHWEST 27TH AVENUE**  
**MIAMI FL 33133**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/3/2003 305 860 8280**

Date

Daytime Phone #

CR2E034 (10/02)