

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-09-2002 91160 035 ***150.00

0362928 AV

DOCUMENT # P94000001905
 1. Entity Name
ACCENT MARKETING ASSOCIATES INC.

Principal Place of Business 1721 CORSICA DR WELLINGTON FL 33414 US	Mailing Address 1721 CORSICA DR WELLINGTON FL 33414 US
--	--



2. Principal Place of Business 11720 ST ANDREWS PLACE	3. Mailing Address 11720 ST ANDREWS PLACE
Suite, Apt. #, etc. SUITE 107	Suite, Apt. #, etc. SUITE 107

DO NOT WRITE IN THIS SPACE

City & State WELLINGTON, FL	City & State WELLINGTON, FL
Zip 33414	Country USA

4. FEI Number 65-0464097	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent
RAMOS, SALVADOR
~~1721 CORSICA DR~~
~~WELLINGTON FL 33414~~

7. Name and Address of New Registered Agent
 Name **SALVADOR RAMOS**
 Street Address (P.O. Box Number is Not Acceptable) **11720 ST ANDREWS PLACE # 107**
 City **WELLINGTON** FL Zip Code **33414**

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: **PRES SALVADOR RAMOS** DATE: **3-30-2002**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMOS, SALVADOR 1721 CORSICA DR WELLINGTON FL 33414 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMOS, MONICA M 1721 CORSICA DR WELLINGTON FL 33414 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. SALVADOR RAMOS 11720 ST. ANDREWS PL #107 WELLINGTON, FL 33414 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONICA M. RAMOS 11720 ST ANDREWS PLACE # 107 WELLINGTON, FL 33414 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 person or persons 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 another like empowered.
 SIGNATURE: **SALVADOR RAMOS PRES** DATE: **3/30/2002** DAYTIME PHONE #: **561-792-7909**
Signature and typed or printed name of signing officer or director

CR2E034 (9/01)