

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

Mailing Address

~~1721 CORSICA DR~~
WELLINGTON FL 33414
US

~~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, Apt. #, etc.

SUITE 107

SUITE 107

City & State

City & State

WELLINGTON, FL

WELLINGTON, FL

Zip

Country

Zip

Country

33414

USA

33414

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0464097

Applied For

Not Applicable

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

RAMOS, SALVADOR

~~1721 CORSICA DR~~

~~WELLINGTON FL 33414~~

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

[Signature] **PRES SALVADOR RAMOS**

3-30-2002

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | RAMOS, SALVADOR | |
| STREET ADDRESS | 1721 CORSICA DR | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | RAMOS, MONICA M | |
| STREET ADDRESS | 1721 CORSICA DR | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------------|---|
| TITLE | PRES | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SALVADOR RAMOS | |
| STREET ADDRESS | 11720 ST. ANDREWS PL #107 | |
| CITY-ST-ZIP | WELLINGTON, FL 33414 | |
| TITLE | VP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MONICA M. RAMOS | |
| STREET ADDRESS | 11720 ST ANDREWS PLACE #107 | |
| CITY-ST-ZIP | WELLINGTON, FL 33414 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 all other like empowered.

SIGNATURE:

[Signature] **PRES SALVADOR RAMOS**

Date

Daytime Phone #

3/30/2002 561-792.7904

CR2E034 (9/01)