

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90130 022 ***150.00

DOCUMENT # P94000001905

1. Entity Name
ACCENT MARKETING ASSOCIATES INC.



Principal Place of Business

~~11720 ST. ANDREWS PLACE~~
~~SUITE 107~~
WELLINGTON FL 33414
US

Mailing Address

~~11720 ST. ANDREWS PLACE~~
~~SUITE 107~~
WELLINGTON FL 33414
US

2. Principal Place of Business

15835 CHANDELLE PL
Suite, Apt. #, etc.

3. Mailing Address

15835 CHANDELLE PL
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
WELLINGTON, FL

City & State
WELLINGTON FL

4. FEI Number 65-0464097

Applied For
☐ Not Applicable

Zip 33414

Country GERMANY

Zip 33414

Country GERMANY

5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RAMOS, SALVADOR
~~11720 ST. ANDREWS PLACE~~
~~SUITE 107~~
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name RAMOS, SALVADOR
Street Address (P.O. Box Number is Not Acceptable) 15835 CHANDELLE PLACE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **SAL RAMOS** **1-22-2003**
(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating). 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME RAMOS, SALVADOR
STREET ADDRESS ~~11720 ST ANDREWS PLACE, STE #107~~ →
CITY-ST-ZIP WELLINGTON FL 33414

TITLE P ☐ Change ☐ Addition
NAME RAMOS, SALVADOR
STREET ADDRESS 15835 CHANDELLE PL
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE VP ☐ Delete
NAME RAMOS, MONICA M
STREET ADDRESS ~~11720 ST. ANDREWS PLACE, STE #107~~ →
CITY-ST-ZIP WELLINGTON FL 33414

TITLE VP ☐ Change ☐ Addition
NAME RAMOS, MONICA M
STREET ADDRESS 15835 CHANDELLE PL
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an other like empowered.

SIGNATURE: **SALVADOR RAMOS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR,

1-22-2003

Date

Daytime Phone #

CR2E034 (10/02)