

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 90016 009 \*\*\*150.00

**DOCUMENT # P94000093800**

1. Entity Name  
**AVIATION ACCENTS, INC.**

Principal Place of Business      Mailing Address  
 15240 LAUREL LANE SOUTH      15240 LAUREL LANE SOUTH  
 PEMBROKE PINES FL 33027      PEMBROKE PINES FL 33027  
 US      US

2. Principal Place of Business      3. Mailing Address  
*5801 Pinetree Drive*      *5801 Pinetree Drive*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
*Miami Beach*      *Miami Beach*      **65-0549249**      Not Applicable  
 Zip      Country      Zip      Country      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  
**HUNTER, TRACEY**  
 15240 LLAUREL LN S  
 PEMBROKE PINES FL 33027  
 Name: *Tracey Hunter*  
 Street Address (P.O. Box Number is Not Acceptable):  
*5801 Pinetree Drive*  
 City: *Miami Beach*      FL      Zip Code: *33140*

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]*      *Tracey Hunter*      *4/30/01*  
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.       **FILE NOW!!! FEE IS \$150.00**  
 After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HUNTER, TRACEY 15240 LLAUREL LN S PEMBROKE PINES FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5801 Pinetree Drive</i> <i>Miami Beach, FL 33140</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HAMERSMITH, CHERYL 15240 LLAUREL LN S PEMBROKE PINES FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5801 Pinetree Drive</i> <i>Miami Beach, FL 33140</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 receiver or trustee 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]*      *Tracey Hunter*      *4/30/01*      *305 895 8130*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)