Apr. 29. 2002 11:05AM SOBEL, GLACKMAN & SOBEL P.A.

2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 90884 014 ***150.00

DOCUMENT # P94000093800

1. Entity Name

AVIATION ACCENTS, INC

2. Principal Place of Business
5801 PINETREE DRIVE
Suite, Apt. #, etc.
City & State: MIAMI BEACH, FL
Zip: 33140 Country:

3. Mailing Address
5801 PINETREE DRIVE
Suite, Apt. #, etc.
City & State: MIAMI BEACH, FL
Zip: 33140 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0549249 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent
Name: HUNTER, TRACEY
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: _____ DATE
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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUNTER, TRACEY
STREET ADDRESS	5801 PINETREE DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	VPD
NAME	HAMERSMITH, CHERYL
STREET ADDRESS	5801 PINETREE DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: TRACEY HUNTER 4/9/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #