

DOCUMENT # P96000050137

1. Entity Name

TORRADO ACCENT'S INC.

05-09-2000 90131 017 ***150.00

Principal Place of Business	Mailing Address
3750 NW 28TH STREET STE. 306 MIAMI FL 33142 US	3730 NW 28TH STREET STE. 306 MIAMI FL 33142-6201

2. Principal Place of Business 2773 CORAL WAY	3. Mailing Address 2773 CORAL WAY
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI, FL
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Zip 33145	Country DADE	Zip 33145	Country DADE
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4. FEI Number	65-0674245	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent

TORRADO, GUILLERMO R
 3750 NW 28TH STREET
 STE. 306
 MIAMI FL 33142

7. Name and Address of New Registered Agent	
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Name TORRADO, GUILLERMO R

Street Address (P.O. Box Number is Not Acceptable)
2773 CORAL WAY

City	MIAMI	FL	Zip Code	33145
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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, 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11.	OFFICERS AND DIRECTORS
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12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	PSD	<input type="checkbox"/> Delete
NAME	TORRADO, GUILLERMO R	
STREET ADDRESS	3520 SW 3 AVE	
CITY-ST-ZIP	MIAMI FL 33145	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
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"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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CITY - ST - ZIP	

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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 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 employees.

SIGNATURE: GUILLERMO TORRADO 04/07/00 (305) 461-4414

CR2E034 (9/99)