## 2000 UNIFORM BUSINESS REPORT (UBR) Apr 21, 2000 8:00 am Secretary of State DOCUMENT # **P97000055368** 1. Entity Name ACCENT BRIDAL ACCESSORIES, INC. 04-21-2000 90129 018 \*\*\*150.00 Mailing Address Principal Place of Business 223 SARATQGA BLVD E 1128 ROYAL PALM BCH BLVD ROYAL PALIS BEACH FL 33411 STF 162 ROYAL PALM BCH FL 33411-1607 3. Mailing Address 2. Principal Place of Business 3500 FAIRLANE FARMS RD 3500 FAIRLANE FARMS KD DO NOT WRITE IN THIS SPACE #10 #10 Applied For City & State City & State 4. FEI Number 65-0764645 Not Applicable NELLINGTO Country \$8.75 Additional 5. Certificate of Status Desired 33414 33414 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Jonés, Robert D Street Address (P.O. Box Number is Not Acceptable) 590 ROYAL PALM BEACH BLVD. **ROYAL PALM BEACH FL 33411** Zip Code City FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) DPST PRESIDENT ☐ Change ☐ Addition Delete TITLE TITLE MILANO, CATHERINE 3500 FAIRLANE FARMS RD. #10 MILANO; SATHERINE NAME MAME STREET ADDRESS 177 BILBAQ 89 STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH FL 33411 CITY-ST-ZIP WELLINGTON, FL 33414 Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

THERINE MILAND 4/13/00

Change

☐ Addition