2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000071350 **DOCUMENT #**

1. Entity Name

ACCENT LANGUAGES, INC.



FILED Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90096 045 ***150.00

| Principal Place of Business 3229 HUNTINGTON DRIVE WESTON FL 33332 US | | | Mailing Address 3229 HUNTINGTON DRIVE WESTON FL 33332 US | | | | | | | |
|---|---|---------------------|--|-----|------------------------|---|---|---------------|-------------------------|--|
| 2. Principal Place of Business | | | 3. Mailing Address | | | | ! !#0 }} !#0 } * 0 0 0 | | di budi badi dabi | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 1 | CHECK HERE IF MAKING CHANGES | | | |
| City & Stat | te | City & State | | | | 4. | FEI Number 65-0775088 | — | Applied For | |
| Zip | Zip Country | | Zip Coun | | ntry 5. | | Certificate of Status Desired | \$8.75 Ac | | |
| 6. Name and Address of Current Register | | | tered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| IOLE, KATIA | | | | | Name Street Address | ddress (P.O. Box Number is Not Acceptable) | | | | |
| 3229 HUNTINGTON DRIVE | | | | | | | | | | |
| WESTON | FL 33332 | | | | City | | | FL Zip Co | de | |
| 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 Signature, typed or printed name of registered agent and title 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 | | | | | ***** | | Election Campaign Financing Trust Fund Contribution. | \$5.0 Adde | 00 May Be ed to Fees | |
| 10. | OFFICERS AND DIRECTORS 11 | | | 11. | | AD | DDITIONS/CHANGES TO OFFICERS | AND DIRECTOR | RS IN 11 | |
| NAME | PD IOLE, KATIA 3229 HUNTINGTON DRIVE WESTON FL 33332 | | ☐ Delete | | - 1 | | | ☐ Change | ☐ Addition | |
| JITLE NAME STREET ADDRESS CITY-ST-ZIP | STD IOLE, LUIZ 3229 HUNTINGTON DRIVE WESTON FL 33332 | - | ☐ Delete | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ي المنتف المرابيعة (ال | | Delete | | | , dag | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | [_] Change | Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delata | | | | | ☐ Change | ☐ Addition | |

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 all other like empowered. 954)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

349-4085