

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105163

1. Entity Name
ITALIAN ACCENT OF BOCA, INC.

Principal Place of Business
3013 YAMATO ROAD B-18
BOCA RATON FL 33434
US

Mailing Address
3575 N.E. 207TH STREET
AVENTURA FL 33180

2. Principal Place of Business

18521 WEST DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Address

18521 WEST DIXIE HWY

Suite, Apt. #, etc.

City & State
AVENTURA FLA

Zip
33180

Country

City & State
AVENTURA FLA

Zip
33180

Country

4. FEI Number 65-0817020

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMOLER, BRUCE
100 S.E. 2ND STREET
SUITE 2620
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2002 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

TITLE *
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ABADY, DAVID
3575 N.E. 207TH STREET
MIAMI FL 33180

Delete

TITLE *
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ABADY, ELIZABETH
3575 N.E. 207TH STREET
MIAMI FL 33180

Delete

TITLE *
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE *
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE *
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE *
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE *
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE *
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE *
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE *
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE *
NAME
STREET ADDRESS
CITY-ST-ZIP
Change 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 REQUIRED DAVID ABADY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90251 001 ***150.00

01-31-2002 90251 002 *****8.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)