

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052074

1. Entity Name

ACCENT TECHNOLOGICAL ENTERPRISE INC.

Principal Place of Business

Mailing Address

8889 FONTAINEBLEAU BLVD., STE 205
MIAMI FL 33172-6408

8889 FONTAINEBLEAU BLVD., STE 205
MIAMI FL 33172-4433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0846044

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANUEL, VINCENTE
8889 FONTAINEBLEAU BLVD.
SUITE 205
MIAMI FL 33172

Name MANUEL VICENTE

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

8889 FONTAINEBLEAU BLVD

SUITE 205

City MIAMI

FL

Zip Code 33172

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

Vicente Manuel

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. ☒

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete
NAME VINCENTE, MANUEL
STREET ADDRESS 8889 FONTAINEBLEAU BLVD., STE 205
CITY-STATE-ZIP MIAMI FL 33172-6408

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE P ☒ Change ☐ Addition
NAME VICENTE MANUEL
STREET ADDRESS 8889 FONTAINEBLEAU BLVD 205
CITY-STATE-ZIP MIAMI FL 33172-6408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300003244553-5
CITY-STATE-ZIP -05/09/00--01062--014

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS *****163.75 *****163.75
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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.

SIGNATURE:

Vicente Manuel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 MAY -2 PM 3:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

0-14 (1/97)

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