## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT#**

P9900002133



**FILED** Jan 21, 2003 8:00 am Secretary of State

ACCENT	TS ON FIFTH, INC.	2003			01-21-2003 90098	13	0.00
Principal Pla 950 CENTRA NAPLES FL		Mailing Address PO BOX 10652 NAPLES FL 34101	· · · · · · · · · · · · · · · · · · ·		1 JASILARI IJA JANIK NAKU ARNI KRINI ARNI AR	<b>1</b>    <b>1</b>	<b>8</b> 124 <b>88</b> 2224 1 <b>88</b> 2
Principal Place of Business     3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 65-0885811		pplied For ot Applicable
Zip	Country	Zip	Country	٠٠٠٠٠	-5Certificate of Status Desired	\$8.75 Ad Fee Require	lditional ed
	6. Name and Address of Curre	nt Hegistered Agent	Name		7. Name and Address of New Registere	ed Agent	
SDIEGEI	& LITOCOA DA		Name		•		
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE			Street Address		(P.O. Box Number is Not Acceptable)		
CORAL (	GABLES FL 33134						
<b>⊉</b> •			City			Zip Cod	
8. The above	e named entity submits this statement	for the purpose of changing its	registered office o	r registere	ed agent, or both, in the State of Florida. I a	m familiar with,	and accept
the obliga	ations of registered agent.	$\triangle$ . $\triangle$		•			,
SIGNATUŖE	Signature, typed or printed name gregistered age	Marce Mornand title if applicable. (NOT	E: Registered Agent signat	ure required v	when reinstating) DATE	· 	<u> </u>
					<del></del>		
r	·ILE NOW!!! FEE IS \$150.00						
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	0 of State			Election Campaign Financing     Trust Fund Contribution.		00 May Be
Afte Make Chec	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	of State	11		Trust Fund Contribution.	∐ Added	d to Fees
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	of State D DIRECTORS	11.			Added	d to Fees
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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.

SIGNATURE:

SIGNAY 90 9 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Date

Daytime Phone #