

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000009844**

1. Entity Name

ACCENT SCRUBS, INC.

Principal Place of Business

21310 N.E. 23RD AVENUE

MIAMI  
32180

FL

Mailing Address

21310 N.E. 23RD AVENUE

MIAMI  
32180

FL

2. Principal Place of Business

21310 N.E. 23RD AVENUE

3. Mailing Address

21310 N.E. 23RD AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

FL

City & State

MIAMI

FL

4. FEI Number

65-0912513

Applied For

Not Applicable

Zip  
33180

Country

Zip  
33180

Country

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

BERGER MARTIN IESQ.  
9700 S. DIXIE HIGHWAY  
SUITE 1030  
MIAMI  
33156 US

FL

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)

04/26/2000

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
BERGER JOEL  
21310 N.E. 23RD AVENUE  
MIAMI FL 32180

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPD  
GORMAN EVELYN  
21310 N.E. 23RD AVENUE  
MIAMI FL 32180

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
GORMAN BERGER GLORIA  
21310 N.E. 23RD AVENUE  
MIAMI FL 32180

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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SD  
BERGER JOEL  
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☒ Change ☐ Addition

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☒ Change ☐ Addition

TITLE  
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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

DATE