

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**  
 04-24-2001 90032 003 \*\*\*150.00

DOCUMENT # **371002**  
 1. Entity Name  
**DECA INVESTORS, INC.**

Principal Place of Business **FL** Mailing Address  
**501 S.W. 158 TER #203**  
**PEMBROKE PINES, FL**  
**33027**

**00000248**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State Zip Country City & State Zip Country

4. FEI Number **591410860** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CHARLES T. PALAMARA**  
**SECY TREAS**  
**501 S.W. 158 TER #203**  
**PEMBROKE PINES, FL**  
**33027**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2001 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 **PRES.** NAME **ROBERT CASE**  Delete  
 STREET ADDRESS **2813 LUTHER CATLETT CIRCLE**  
 CITY-ST-ZIP **SEVIERSVILLE TN. 37876**

TITLE \_\_\_\_\_ NAME \_\_\_\_\_  Change  Addition  
 STREET ADDRESS \_\_\_\_\_ CITY-ST-ZIP \_\_\_\_\_

TITLE **V.P.** NAME **NEIL GARFIELD**  Delete  
 STREET ADDRESS **6087 OVERLAND PL.**  
 CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE \_\_\_\_\_ NAME \_\_\_\_\_  Change  Addition  
 STREET ADDRESS \_\_\_\_\_ CITY-ST-ZIP \_\_\_\_\_

TITLE **SECY TREAS.** NAME **CHARLES T. PALAMARA**  Delete  
 STREET ADDRESS **501 S.W. 158 TER. #203**  
 CITY-ST-ZIP **PEMBROKE PINES, FL 33027**

TITLE \_\_\_\_\_ NAME \_\_\_\_\_  Change  Addition  
 STREET ADDRESS \_\_\_\_\_ CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_ NAME \_\_\_\_\_  Delete  
 STREET ADDRESS \_\_\_\_\_ CITY-ST-ZIP \_\_\_\_\_

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TITLE \_\_\_\_\_ NAME \_\_\_\_\_  Change  Addition  
 STREET ADDRESS \_\_\_\_\_ CITY-ST-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: **Charles T. Palamara**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/7/01** **954-462-1055**  
 Date Daytime Phone #

CR2E034 (1/1/00)