

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90211 019 \*\*\*\*50.00

DOCUMENT # L01000013964

1. Entity Name

Artdecor

**DO NOT WRITE IN THIS SPACE**

966020

2. Principal Place of Business

555 NE 15 Street

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 14-I

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

651131599

Applied For

Not Applicable

Zip

33132

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Maria Palacios

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

555 NE 15th Street # 14-I

City Miami

FL

Zip Code

33132

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.

5/13/02

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
matilde Palacios  
managing members  
555 NE 15 St. # 14-I

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
maria Palacios  
managing members  
555 NE 15 St. # 14-I

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5/13/02

305-579-4789

CR2E083B (12/01)