

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90053 010 ***150.00

0160787

DOCUMENT # P00000101458

1. Entity Name
DECOR HOUSE PLUS ENTERPRISES, INC.

Principal Place of Business
7795 WEST FLAGLER STREET #53
MALL OF THE AMERICAS, K-9
MIAMI FL 33144

Mailing Address
7795 WEST FLAGLER STREET
MALL OF THE AMERICAS, K-9
MIAMI FL 33144

341041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7795 WEST FLAGLER STREET #53
 Suite, Apt. #, etc.
MALL OF THE AMERICAS K9

3. Mailing Address
Same
 Suite, Apt. #, etc.

City & State
MIAMI FL
 Zip
33144

City & State
 Country
USA

4. FEI Number
651054459

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SANTANA, FRANCIS X ESQ.
28 W. FLAGLER STREET
SUITE 400
MIAMI FL 33130

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	CERVANTES, MARIO A	7795 WEST FLAGLER STREET MIAMI FL 33144	<input type="checkbox"/>
	D	MORO, CARLOS R	7409 NW 54 STREET MIAMI BEACH FL 33166	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Mario A. Cervantes **MARIO CERVANTES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/05/01 305-264-7766
Date Daytime Phone #

CR2E034 (10/00)