

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90030 034 ***150.00

DOCUMENT # P00000053426

1. Entity Name

DECOR HOUSE International, wrp.

Principal Place of Business

Mailing Address

1520 SW 9 st #2 1520 SW 5 st #2
 Miami Fl. 33135 Miami Fl. 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4080 SW. 84th AV

Miami FL

33155

4. FEI Number

65-103185

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

658317

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Zuniga Hector O
 1520 SW 5 st #2
 Miami Fl. 33135

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)

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, 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	PD	Zuniga Hector O	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1520 S.W. 5 st #2	
CITY-ST-ZIP		Miami FL 33135	
TITLE	UD	CERDA DE Zuniga Monica V	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1520 S.W. 5 st #2	
CITY-ST-ZIP		Miami FL 33135	
TITLE			<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01 (305) 485-9300

CR2E034 (11/00)