

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91110 023 \*\*\*150.00

DOCUMENT # **P 01000081485**

1. Entity Name

**All Art and Decoration by Cano Inc**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2982 NW 32 St**

Suite, Apt. #, etc.

3. Mailing Address

**2982 NW 32 St**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**65-1130991**

Applied For

Not Applicable

Zip

**33142**

Country

**USA**

Zip

**33142**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**Wifredo Cano**

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

**2982 NW 32 St**

City

**MIAMI**

FL

Zip Code

**33142**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**03-11-2003**

January 1 - May 1 Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

**OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Wifredo Cano 2982 NW 32 St MIAMI FL 33142</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Angela Montego 2982 NW 32 St MIAMI FL 33142</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 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 #

**03-11-2003 326-2127**

CR02034B (12/02)