

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90083 013 \*\*\*158.75

DOCUMENT # **G29876**

1. Entity Name  
**DECO TRUSS COMPANY, INC.**



Principal Place of Business

**25475 SW 142ND AVE.,  
PRINCETON FL 33032**

Mailing Address

**25475 SW 142ND AVE.  
PRINCETON FL 33032**

2. Principal Place of Business

**13980 SW 252 ST**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Princeton FL**

City & State

4. FEI Number **59-2264360**

Applied For

Not Applicable

Zip **33032** Country **DADE**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESPIENRIA, MARIO R  
25474 SW 142ND AVE  
PRINCETON FL 33032**

Name

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

**13980 SW 252 Street**

City **Princeton**

FL

Zip Code **33032**

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **ESPINIERA, MARIO R.**  
STREET ADDRESS **28860 SW 182 AVENUE**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD** ☐ Delete  
NAME **ESPINIERA, SONIA**  
STREET ADDRESS **28860 SW AVENUE 182 AVE**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **ESPINEIRA, MARIO R. JR**  
STREET ADDRESS **155 SE 30 DRIVE**  
CITY-ST-ZIP **HOMESTEAD FL 33038**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **28860 SW 182 AVE**  
CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

**SIGNATURE: REGISTERED**  
**SONIA Espiniera**

**3/10/03**

**305 257 1910**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)