

2001 UNIFORM BUSINESS REPORT (UBR).

DOCUMENT # 192713

1. Entity Name
DECOR, INC.

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

02-21-2001 90010 042 ***150.00

Principal Place of Business

9487 HARDING AVE
MIAMI BCH. FL 33154
US

Mailing Address

9487 HARDING AVE
MIAMI BEACH FL 33154
US

2. Principal Place of Business

47 North Fed Hwy
Suite, Apt. #, etc.

3. Mailing Address

47 North Fed Hwy
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Dania, Fla

City & State

Dania, Fla

4. FEI Number 59-0774433

Applied For

Not Applicable

Zip 33004

Country

Zip 33004

Country

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

6. Name and Address of Current Registered Agent

HERRIL, LAUWLE A CPA
316 71ST
MIAMI BCH FL 33154

7. Name and Address of New Registered Agent

Name LAURENCE A. HERRIL CPA
Street Address (P.O. Box Number is Not Acceptable) 326 71st Street
MIAMI BEACH
City FL Zip 33141

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BERNSTEIN, MARVIN	
STREET ADDRESS	9487 HARDING AVE	
CITY-ST-ZIP	MIAMI BCH., FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)