

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90035 046 ***150.00

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DOCUMENT # 340338

1. Entity Name
UNION DECORATORS, INC.



Principal Place of Business: **9550 NW 12 ST. BAY 3 MIAMI FL 33172 US**

Mailing Address: **9550 NW 12 ST. BAY 3 MIAMI FL 33172 US**



2. Principal Place of Business: **9550 NW 12 ST # 11 MIAMI FL**

3. Mailing Address: **9550 NW 12 ST # 11 MIAMI FL**

CHECK HERE IF MAKING CHANGES

City & State: **MIAMI FL**

City & State: **MIAMI FL**

Zip: **33172** Country: **US**

4. FEI Number: **59-1223409**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

GAYARRE, ROLANDO
6361 SW 80 ST
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name: **GAYARRE ROLANDO**

Street Address (P.O. Box Number is Not Acceptable): **9550 N.W 12 ST # 11**

City: **MIAMI FL 33172 FL** Zip Code: **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

| | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| PSD GAYARRE, ROLANDO 7823 SW 135 PL MIAMI FL | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| V GAYARRE, AMELIA 7823 SW 135TH PLACE MIAMI FL | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 all other like empowered.

SIGNATURE: *Rolando Gayarre* DATE: 7-14-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)