

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

364324

016428 AV

DOCUMENT # 364324

1. Entity Name  
DECORATIVE DOORS BY DENISE INC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

03 APR 17 AM 9:33

Principal Place of Business  
5808 DAWSON STREET  
HOLLYWOOD FL 33023  
US

Mailing Address  
5808 DAWSON STREET  
HOLLYWOOD FL 33023  
US

2. Principal Place of Business  
5808 DAWSON  
Suite, Apt. #, etc.

3. Mailing Address  
5808 DAWSON ST  
Suite, Apt. #, etc.

City & State  
Hollywood  
Zip  
33023

City & State  
FL 33023  
Zip  
33023



4/17/03 90148 020 \$300.00

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
59-1299553

Applied For  
☒ Not Applicable

Country  
BROWARD

Country  
BROWARD

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

6. Name and Address of Current Registered Agent

MIRABELLA, SALVATORE G  
11621 SW 22 CT  
DAVIE FL 33324

7. Name and Address of New Registered Agent

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

SIGNATURE *Salvatore Mirabella*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/03  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVST  
MIRABELLA, SALVATORE  
11621 SW 22 CT  
DAVIE FL 33325 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

*Salvatore Mirabella*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2003  
Date Daytime Phone #

CR2E034 (10/02)