

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 11, 2002 8:00 am
Secretary of State

05-22-2002 90259 023 ***158.75

DOCUMENT # 4843141. Entity Name
DECOR COORDINATES, INC.Principal Place of Business
**1550 LATHAM RD.,STE.7
WEST PALM BEACH FL 33409**Mailing Address
**1550 LATHAM RD.,STE.7
WEST PALM BEACH FL 33409**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1621519**Applied For
☐ Not Applicable

Zip

Country

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****FERRARO, ANGELO
1550 LATHAM ROAD
WEST PALM BEACH FL 33409**Name **JOSEPH FERRARO**
Street Address (P.O. Box Number is Not Acceptable)
12653 CORAL BREEZE DRIVE
City **WELLINGTON FL** Zip Code **33414**

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

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Delete |
|-------|--------------------|------------------------|--------------------|--|
| PST | FERRARO, ANGELO T. | 1221 EAST MOUNTAIN DR. | WEST PALM BEACH FL | <input checked="" type="checkbox"/> |
| 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 |
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| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|----------------|--------------------------|----------------------|--|
| PST | JOSEPH FERRARO | 12653 CORAL BREEZE DRIVE | WELLINGTON, FL 33414 | <input checked="" type="checkbox"/> |
| 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 |

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment

DOCUMENT # 484314

1. Entity Name
DECOR COORDINATES, INC.

Principal Place of Business
1550 LATHAM RD., STE. 7
WEST PALM BEACH FL 33409

Mailing Address
1550 LATHAM RD., STE. 7
WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1621519

Added For
Not Applicable

Zip

Country

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

FERRARO, ANGELO
1550 LATHAM ROAD
WEST PALM BEACH FL 33409

Name
JOSEPH FERRARO

Street Address (P.O. Box Number is Not Acceptable)
12653 CORAL BREEZE DRIVE

City
WELLINGTON

FL

Zip Code
33414

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's 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

| | | |
|---|---|--|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PST FERRARO, ANGELO T. 1221 EAST MOUNTAIN DR. WEST PALM BEACH FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
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|---|---|--|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PST JOSEPH FERRARO 12653 CORAL BREEZE DRIVE WELLINGTON, FL 33414 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

10/01/2004 (9/01/04)

0356786 AV

7/26/02
update to Sean
OK cleared on Merrill
Lynch acct
(850) 245 6059
Copy of Orig. report
submitted.
9/6/02

Attachment

484314

96970

July 3, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Document #484314
EIN #50-1621519

To Whom It May Concern:

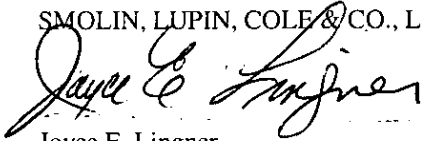
SUBJECT: 2002 UBR FILING

Please be informed this form has already been filed and paid per my phone call to your agency July 2, 2002. This notice is to inform you that the original UBR form returned to client for signature on line #8, was not received by him. The attached form will show all changes per original with appropriate signature on line 8 and 13.

Please update your records and send a Certificate of Status. We thank you for your prompt attention to this matter.

Sincerely,

SMOLIN, LUPIN, COLE & CO., L.L.C.



Joyce E. Lingner
Accountant

Enclosure: UBR 2002