

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # 832651**1. Entity Name
DECORATOR INDUSTRIES, INC.

Principal Place of Business 10011 PINES BLVD., SUITE 201 PEMBROKE PINES FL 33024	Mailing Address 10011 PINES BLVD., SUITE 201 PEMBROKE PINES FL 33024
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2. Principal Place of Business 10011 PINES BLVD.	3. Mailing Address 10011 PINES BLVD.
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Suite, Apt. #, etc. SUITE #201	Suite, Apt. #, etc. SUITE #201
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City & State PEMBROKE PINES FL	City & State PEMBROKE PINES FL
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Zip 33024	Country US	Zip 33024	Country US
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4. FEI Number 25-1001433	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**SOLOMON, MICHAEL K.**
10011 PINES BLVD
S201
PEMBROKE PINES FL 33024
US**7. Name and Address of New Registered Agent**

Name SOLOMON MICHAEL K
Street Address (P.O. Box Number is Not Acceptable) 10011 PINES BLVD
SUITE #201
City PEMBROKE PINES FL
Zip Code 33024

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 **MICHAEL K. SOLOMON****01/05/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNEY ELLEN 9820 SW 63 CT MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN WILLIAM 10011 PINES BLVD, SUITE 201 PEMBROKE PINES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIS JOSEPH 10011 PINES BLVD, SUITE 201 PEMBROKE PINES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIEBER, JEROME B ONE OXFORD CTR PITTSBURGH PA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOLOMON, MICHAEL K. 10011 PINES BLVD PEMBROKE PINES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD BASSETT, WILLIAM 10011 PINES BLVD PEMBROKE PINES FL	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D DUSTHIMER THOMAS L 10011 PINES BLVD, SUITE 201 PEMBROKE PINES FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D ELLIS JOSEPH N 10011 PINES BLVD, SUITE 201 PEMBROKE PINES FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD LIEBER JEROME B 40TH FLOOR, ONE OXFORD CENTRE PITTSBURGH PA 15219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD SOLOMON MICHAEL K 10011 PINES BLVD, SUITE #201 PEMBROKE PINES FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CPD BASSETT WILLIAM A 10011 PINES BLVD, SUITE #201 PEMBROKE PINES FL 33024	<input checked="" 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: **MICHAEL S. BAXLEY**

VD

01/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)