2001 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2001 8:00 am Secretary of State **DOCUMENT # H91737** 03-14-2001 90510 001 ***150.00 **DECOR PAINTING AND WALLCOVERING CORPORATION** Principal Place of Business Mailing Address % ADOLF SMUKLER **% ADOLF SMUKLER** 1435 CLEVELAND ROAD 1435 CLEVELAND ROAD MIAMI BEACH FL 33141 MIAMI BEACH FL 33141 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2612994 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SORIANO, MAURICE DAVID 1295 DAYTONIA RD. MIAMI BEACH FL 33141 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TILE ☐ Change ☐ Addition TITLE Delete SMUKLER, ADOLF NAME NAME 1425 CLEVELAND RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete SMUKLER, SAUL NAME NAME STREET ADDRESS 1551 STILLWATER DR. STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP ☐ Delete Стапое ☐ Addition TITLE TITLE SOMANCO MAURICE NAME NAME 1551 DAYTONIA RD STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL Addition ☐ Delete TITLE TITLE SORIANO, LINDA NAME NAME STREET ADDRESS 1295 DAYTONIA ROAD STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS 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: