

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90081 013 \*\*\*150.00

**DOCUMENT # H91737**  
 1. Entity Name  
**DECOR PAINTING AND WALLCOVERING CORPORATION**

Principal Place of Business <b>% ADOLF SMUKLER</b> <b>1435 CLEVELAND ROAD</b> <b>MIAMI BEACH FL 33141</b>	Mailing Address <b>% ADOLF SMUKLER</b> <b>1435 CLEVELAND ROAD</b> <b>MIAMI BEACH FL 33141</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2612994</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**SMUKLER, ADOLF**  
**1435 CLEVELAND RD**  
**MIAMI BEACH FL 33141**

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>SMUKLER, ADOLF</b> <b>1425 CLEVELAND RD</b> <b>MIAMI BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>SMUKLER, SAUL</b> <b>1551 STILLWATER DR.</b> <b>MIAMI BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SOMANCO, MAURICE</b> <b>1551 DAYTONIA RD</b> <b>MIAMI BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>SORIANO, LINDA</b> <b>1295 DAYTONIA ROAD</b> <b>MIAMI BEACH FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P / S / T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SMUKLER, ADOLF</b> <b>1435 CLEVELAND RD.</b> <b>MIAMI BEACH, FL 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SMUKLER, SAUL</b> <b>3207 N.E. 168th. STREET</b> <b>N. MIAMI BEACH, FL 33160</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SORIANO, MAURICE</b> <b>1295 DAYTONIA RD.</b> <b>MIAMI BEACH, FL 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SORIANO, LINDA</b> <b>1295 DAYTONIA RD.</b> <b>MIAMI BEACH, FL 33141</b>
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

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: ADOLF SMUKLER 01-31-02 (305)864-6497  
Signature and typed printed name of signing officer or director Date Daytime Phone #  
**ADOLF SMUKLER, PRESIDENT/SECRETARY/TREASURER**

CR2E034 (9/01)