

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY 16 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H91737



1. Entity Name
**DECOR PAINTING AND WALLCOVERING
CORPORATION**

Amendment

Principal Place of Business
% ADOLF SMUKLER
1435 CLEVELAND ROAD
MIAMI BEACH, FL 33141

Mailing Address
% ADOLF SMUKLER
1435 CLEVELAND ROAD
MIAMI BEACH, FL 33141

Amendment



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2612994

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

SMUKLER, ADOLF
1435 CLEVELAND RD
MIAMI BEACH, FL 33141

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PST
NAME: SMUKLER, ADOLF Delete
STREET ADDRESS: 1435 CLEVELAND RD
CITY-ST-ZIP: MIAMI BEACH, FL 33141

TITLE: Change Addition
NAME: **800020322758**
STREET ADDRESS: **06/03/03--01007--011** ****61.25**
CITY-ST-ZIP:

TITLE: D Delete
NAME: SMUKLER, SAUL
STREET ADDRESS: 3207 NE 168TH STREET
CITY-ST-ZIP: NORTH MIAMI BEACH, FL 33160

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

TITLE: D Delete
NAME: SORIANO, MAURICE
STREET ADDRESS: 1295 DAYTONIA ROAD
CITY-ST-ZIP: MIAMI BEACH, FL 33141

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

TITLE: T Delete
NAME: SORIANO, LINDA
STREET ADDRESS: 1295 DAYTONIA ROAD
CITY-ST-ZIP: MIAMI BEACH, FL 33141

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

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

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:

Adolf Smukler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Adolf Smukler 05/05/03 (305) 864-6497
Date Cayman Phone #

CR2E034 (10/02)

gr 5/22