

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90087 049 \*\*\*150.00

**DOCUMENT # J62963**

1. Entity Name  
**DECO BUILDERS, INC.**

Principal Place of Business  
**18090 COLLINS AVE.**  
**#144**  
**N. MIAMI BCH FL 33160**

Mailing Address  
**445 GOLDEN BEACH DRIVE**  
**N. MIAMI BCH FL 33160**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**PO BOX 546495**

Mailing Address  
**PO BOX 546495**

Suite, Apt. #, etc.  
**Sunrise**

Suite, Apt. #, etc.  
**Sunrise**

4. FEI Number **59-2787249**  
 Applied For  
 Not Applicable

City & State  
**Sunrise**

City & State  
**Sunrise**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ESKENAZI, ALBERT**  
**18090 COLLINS AVE**  
**144**  
**NMB FL 33160**

7. Name and Address of New Registered Agent  
 Name **ESKENAZI, ALBERT**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9048 MARSH AVE**  
 City **Sunrise FL 33154**

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

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 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	PD ESKENAZI, ALBERT 18090 COLLINS AVE. N MIAMI BCH FL 33160 <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
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESKENAZI, ALBERT PO BOX 546495 MIAMI 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: DATE: **1/11/01** DAYTIME PHONE #: **305 4504995**

CR2E034 (10/00)