

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90120 001 ***150.00

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DOCUMENT # K35544

1. Entity Name
DECATUR INVESTORS, INC.

Principal Place of Business
701 BRICKELL AVE., STE 850
MIAMI FL 33131

Mailing Address
701 BRICKELL AVE., STE 850
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
801 Brickell Avenue
 Suite, Apt. #, etc.
16TH Floor

3. Mailing Address
801 Brickell Avenue
 Suite, Apt. #, etc.
16th Floor

City & State
Miami, FL.

City & State
Miami, FL..

4. FEI Number
65-0078206

Applied For
 Not Applicable

Zip
33131

Country
USA

Zip
33131

Country
USA

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

6. Name and Address of Current Registered Agent

SULLIVAN, JOHN
701 BRICKELL AVE., STE 850
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
JOHN S. SULLIVAN
 Street Address (P.O. Box Number is Not Acceptable)
801 BRICKELL AVENUE
16TH FLOOR
 City
MIAMI **FL** Zip Code
33131

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 _____
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, 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	D FRAILE,GONZALO RODRIGUEZ 701 BRICKELL AVE., STE 850 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SULLIVAN, JOHN 701 BRICKELL AVE., STE 850 MIAMI FL 33131 <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	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GONZALO RODRIGUEZ-FRAILE 801 BRICKELL AVENUE, 16TH FLOOR MIAMI, FL. 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOHN S. SULLIVAN 801 BRICKELL AVENUE, 16TH FLOOR MIAMI, FL. 33131
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:

John S. Sullivan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN S. SULLIVAN III

3/20/02
 Date

(305)381-8340
 Daytime Phone #

CR2E034 (9/01)