

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90024 017 ***150.00

DOCUMENT # K81644

1. Entity Name
DECORATIVE CARPENTRY, INC.

Principal Place of Business % BRUCE RICHARD 7721 S.W. 137 COURT MIAMI FL 33183	Mailing Address % BRUCE RICHARD 7721 S.W. 137 COURT MIAMI FL 33183
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business BRUCE RICHARD Suite, Apt. #, etc. 13089 SW 140 ST. RD City & State MIAMI, FLORIDA ZIP 33186 Country USA	3. Mailing Address BRUCE RICHARD Suite, Apt. #, etc. 13089 SW 140 ST. RD. City & State MIAMI, FLORIDA ZIP 33186 Country USA
---	--

4. FEI Number 65-0121243	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICHARD, BRUCE
 7721 S.W. 137 COURT
 MIAMI FL 33183

7. Name and Address of New Registered Agent

Name - BRUCE RICHARD
 Street Address (P.O. Box Number is Not Acceptable)
 13089 SW 140 ST. RD.
 City MIAMI, FLORIDA FL ZIP Code 33186

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 *Bruce Richard* DATE 1/29/2001
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, 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	S RICHARD, RONALD 6030 SW 79CT MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARD, LINDA 7721 S.W. 137 COURT MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICHARD, JASON 7721 SW 137 CT MIAMI FL 33183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RICHARD, BRUCE 7221 SW 137 CT MIAMI FL 33183	<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		<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: *Bruce Richard* BRUCE RICHARD DATE 1/29/2001 DAYTIME PHONE # 305-969-2695
Signature and typed or printed name of signing officer or director

CR2E034 (10/00)