

# 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

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**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0121243**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$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*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/29/2001**

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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RICHARD, RONALD</b>	
STREET ADDRESS	<b>6030 SW 79CT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RICHARD, LINDA</b>	
STREET ADDRESS	<b>7721 S.W. 137 COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>RICHARD, JASON</b>	
STREET ADDRESS	<b>7721 SW 137 CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>RICHARD, BRUCE</b>	
STREET ADDRESS	<b>7221 SW 137 CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/29/2001** **305-969-2695**  
 Date Daytime Phone #

CR2E034 (10/00)