

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00371

FILED  
Jan 28, 2003  
Secretary of State

Entity Name: DECO DINER, INC.

## Current Principal Place of Business:

4871 N POWERLINE ROAD  
FT LAUDERDALE, FL 33309

## New Principal Place of Business:

## Current Mailing Address:

4871 N POWERLINE ROAD  
FT LAUDERDALE, FL 33309

## New Mailing Address:

FEI Number: 65-0126130

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CERNIGLIA, MARK  
4475 NW 18TH TERRACE  
FORT LAUDERDALE, FL 33309

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CERNIGLIA, MARK  
Address: 4475 NW 18TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VD ( ) Delete  
Name: CERNIGLIA, CATHERINE  
Address: 4475 NW 18TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33309

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK CERNIGLIA

PD

01/28/2003

Electronic Signature of Signing Officer or Director

Date