

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90030 049 ****50.00

DOCUMENT # L02000030089

1. Entity Name

DECAL DISTRIBUTOR, LLC



Principal Place of Business

**780 NORTHWEST LEJEUNE RD., STE. 516
MIAMI FL 33126**

Mailing Address

**780 NORTHWEST LEJEUNE RD., STE. 516
MIAMI FL 33126**

2. Principal Place of Business

2748 West 79 street

3. Mailing Address

2748 West 79 street

Suite, Apt. #, etc.

Hialeah - Florida

Suite, Apt. #, etc.

Hialeah - Florida

City & State

City & State

Zip

33016

Country

USA

Zip

33016

Country

USA

4. FEI Number

13-4222954

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FL
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

Aurelio A. Piedra

Street Address (P.O. Box Number is Not Acceptable)

180 NW Le Jeune Rd

City

Miami

FL

Zip Code

33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Aurelio A Piedra CRA

(NOTE: Registered Agent signature required when reinstating)

2/20/03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CALZADILLA, ALEXANDER 780 NORTHWEST LEJEUNE RD., STE. 516 MIAMI FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE CASTRO, EDUARDO 780 NORTHWEST LEJEUNE RD., STE. 516 MIAMI FL 33126	<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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	5072 NW 116 2V Miami - FL - 33178	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Eduardo de Castro 1912 Timberline Rd Weston - FL - 33016	<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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Alexander Calzadilla 2/20/03

CR2E083 (10/02)