

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L20132

1. Entity Name

KJC DECO I, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90240 001 \*\*\*150.00

Principal Place of Business

Mailing Address

% CAMPBELL CAPITAL MGMT  
9400 SO DADELAND BLVD. STE 111  
MIAMI FL 33156  
US

% CAMPBELL CAPITAL MGMT  
9400 SO DADELAND BLVD. STE 111  
MIAMI FL 33156-2811  
US

00007000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0145702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, KARELL  
9400 SO DADELAND BLVD  
STE 111  
MIAMI FL 33156

Name

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

City

FL

Zip Code

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete

NAME CAMPBELL, KARELL M.

STREET ADDRESS 8761 S.W. 85TH TERR

CITY-ST-ZIP MIAMI FL

TITLE T ☐ Delete

NAME CAMPBELL, CLAY G.

STREET ADDRESS 9400 SO DADELAND BLVD, STE 111

CITY-ST-ZIP MIAMI FL

TITLE VP ☐ Delete

NAME MASSERMAN, JAY

STREET ADDRESS 5774 SW 76 TERR

CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2000 305-661-1299  
Date Daytime Phone #

CR2E034 (9/99)