

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91302 034 \*\*\*150.00

**DOCUMENT # L86983**

1. Entity Name

J.J. DECO, INC.

Principal Place of Business

5321 KING ARTHUR AVENUE  
 DAVIE FL

Mailing Address

5321 KING ARTHUR AVENUE  
 DAVIE FL

DU113311



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19501 BISCAYNE BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

K1981

Suite, Apt. #, etc.

City & State

AVENTURA FL

City & State

Zip

Zip

Country

DADE

Zip

Country

4. FEI Number

65-0206447

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

BRAVERMAN, ARTHUR  
 7280 W. PALMETTO PARK RD.  
 SUITE 202  
 BOCA RATON FL 33433

7. Name and Address of New Registered Agent

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, 2002 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 PD  
 NAME STOLLER, JEFFREY I.  
 STREET ADDRESS 5321 KING ARTHUR AVENUE  
 CITY-ST-ZIP DAVIE FL ☐ Delete

TITLE VD  
 NAME STOLLER, CAROL SUE  
 STREET ADDRESS 5321 KING ARTHUR AVENUE  
 CITY-ST-ZIP DAVIE FL ☐ Delete

TITLE ST  
 NAME STOLLER, CAROL SUE  
 STREET ADDRESS 5321 KING ARTHUR AVENUE  
 CITY-ST-ZIP DAVIE FL ☐ Delete

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)