

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007375

1. Entity Name
INTERDECO ENTERPRISES LLC

APPROVE
AND
FILED

01 MAY -3 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4370 NW 107TH AVENUE #202
MIAMI FL 33178

Mailing Address
4370 NW 107TH AVENUE #202
MIAMI FL 33178



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11608 NW 50th TER.
Suite, Apt. #, etc.

3. Mailing Address
11608 NW 50th TERRACE
Suite, Apt. #, etc.

City & State
MIAMI FL
Zip
33178
Country
USA

City & State
MIAMI FL
Zip
33178
Country
USA

4. FEI Number 65-0965380
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILLARDO, FABRICE
4370 NW 107TH AVENUE #202
MIAMI FL 33178

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 FABRICE GILLARDO

(NOTE: Registered Agent signature required when reinstating)

4-25-01
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GILLARDO, JEAN PHILIPPE
4370 NW 107TH AVENUE #202
MIAMI FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400004326594-5
-05/29/01--01134--020
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GILLARDO, LAURENT
4370 NW 107TH AVENUE #202
MIAMI FL 33178 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
MGRM
GILLARDO, FABRICE
4370 NW 107TH AVENUE #202
MIAMI FL 33178 ☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ 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

Date

Daytime Phone #

FABRICE GILLARDO 4-25-01 305 406 1779

CR2E083 (11/00)