

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-14-2002 90010 018 ****70.00

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1. Entity Name

THE DECOPLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

100 LINCOLN ROAD
 MIAMI BEACH FL 33139

100 LINCOLN ROAD
 MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0390632

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

BENOIT, ANGELA V
 100 LINCOLN RD
 MIAMI BEACH FL 33139

Name

MARTA BASCOY

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

100 LINCOLN ROAD

City

MIAMI BEACH

FL

Zip Code

33139

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

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

(NOTE: Registered Agent signature required when reinstating)

1/11/2002
 DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FONGECA, RICARDO	
STREET ADDRESS	100 LINCOLN RD., 715	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LICATA, STEPHEN	
STREET ADDRESS	100 LINCOLN RD. #1038	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BELLETA, LOUIS	
STREET ADDRESS	100 LINCOLN RD. #614	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HODGE, LORENZO	
STREET ADDRESS	100 LINCOLN RD #1812	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TARMAN, SANDRA	
STREET ADDRESS	100 LINCOLN RD. # PH 14	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECTOR SMITH	
STREET ADDRESS	100 LINCOLN RD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIGUEL CARILLO	
STREET ADDRESS	100 LINCOLN RD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. GARY KREITMAN	
STREET ADDRESS	100 LINCOLN RD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCY MATAS	
STREET ADDRESS	100 LINCOLN RD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	ASST TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY MODIA	
STREET ADDRESS	100 LINCOLN RD	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marta Bascoy
 President

1/29/02
 Date

Daytime Phone #

CR2E037 (9/01)