

**03 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JAN -3 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9200000686

1. Entity Name

Decoplage Condominium Association, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 Lincoln Road

Suite, Apt. #, etc.

3. Mailing Address

100 Lincoln Road

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33139

Country
Dade

Zip
33139

Country
Dade

4. FEI Number 65-0390632

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

400009422724
12/09/02--01089--002 **\$1.25

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name David C. Arnold Esq

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

8301 SW 164 Street

City Palmetto Bay FL Zip Code 33157-3640

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 David C. Arnold, Esq.

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

David C. Arnold

(NOTE: Registered Agent signature required when reinstating)

10/9/02
DATE

FEE IS \$61.25
Initial or Amended UBR

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 NAME
GARY KREITMAN, M.D., President/ Treasurer
STREET ADDRESS
7226 SW 146 Street Circle
CITY-ST-ZIP
Miami, FL 33158 D

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Miguel Carrillo, Vice President
STREET ADDRESS
10761 S.W. 63rd Street
CITY-ST-ZIP
Miami FL 33173 D

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
Steven Licata, Secretary
STREET ADDRESS
3845 Coco Grove Avenue
CITY-ST-ZIP
Coconut Grove FL 33133-6119 D

TITLE NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE Gary Kreitman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/22/02

Daytime Phone #

305

672-3594

CR2E037B (12/01)

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