

Amended

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

FILED

03 MAR 25 AM 10: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500012780065
02/19/03--01023--004 **\$1.25

DOCUMENT # *N92000000686*

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name *Michael W Gomez, Esq*

Street Address (P.O. Box Number is Not Acceptable)
1930 Tyler St.

City *Hollywood* FL Zip Code *33070*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael W Gomez* *Michael W Gomez* *1-28-03*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sherry Roberts 100 Lincoln Road PH-2 Miami Beach FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Barbara Grant 100 Lincoln Road #910 Miami Beach FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REMOVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Julietta Villaforte 100 Lincoln Road #836 Miami Beach FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD Andrew Miracle 100 Lincoln Road #814 Miami Beach FL 33139
TITLE NAME STREET ADDRESS 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: *Sherry Roberts* *Sherry Roberts* *2/11/2003* *672-3594*

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037B (12/02)