

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015465

1. Entity Name
DECO TITLE SERVICES, INC

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90080 038 ***158.75

Principal Place of Business

610 W 53 TERRACE
HIALEAH FL 33012

Mailing Address

610 W 53 TERRACE
HIALEAH FL 33012

00048413



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

~~19201 Collins Ave.~~
Suite, Apt. #, etc.
Unit 3

3. Mailing Address

~~s/a~~
Suite, Apt. #, etc.

City & State

~~Sunny Isles, FL~~
Zip Country

33160 US

City & State

Zip Country

4. FEI Number

65-0993046

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

FLORES, LUIS
610 W 53 TERRACE
HIALEAH FL 33012

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME FLORES, MARLENE M
STREET ADDRESS 610 W 53 TERRACE
CITY-ST-ZIP HIALEAH FL 33012

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

TITLE STD ☐ Delete
NAME FLORES, LUIS
STREET ADDRESS 610 W 53 TERRACE
CITY-ST-ZIP HIALEAH FL 33012

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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 #

MARLENE M. FLORES

4/26/01 305-935-7278

CR2E034 (10/00)