

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91715 024 ***550.00

DOCUMENT # P00000017912

1. Entity Name

DECO GARAGE DOORS, INC.

Principal Place of Business

444 GULFSTREAM ROAD
 PALM SPRINGS FL 33461

Mailing Address

444 GULFSTREAM ROAD
 PALM SPRINGS FL 33461

2. Principal Place of Business

4201 WESTGATE AVE #A-12

3. Mailing Address

4201 WESTGATE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

West Palm Beach, FL

Unit A-12

City & State

City & State

West Palm Beach, FL

Zip

Country

33409 USA

Zip

Country

33409 USA

4. FEI Number

65-0982866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE LA PENA, ORLANDO

417 DAVIS RD

WEST PALM BEACH FL 33461

7. Name and Address of New Registered Agent

Name

ORLANDO DE LA PEÑA

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

444 GULFSTREAM ROAD

City

Palm Spas

FL

Zip Code

33461

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

Orlando De la Peña ORLANDO DE LA PEÑA

5-4-02

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	DE LA PENA, ORLANDO	
STREET ADDRESS	444 GULFSTREAM ROAD	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANCHEZ, OLGA L	
STREET ADDRESS	444 GULFSTREAM ROAD	
CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Orlando De la Peña ORLANDO DE LA PEÑA

5-4-02

(561)

686-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)