FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91865 043 ***150.00

2003 UNIFORM BUSIN S REPORT (UBR)

DOCUMENT # P00000036525

1. Entity Name
THE DECORATING EMPORIUM

Principal Place of Business	Mailing Address
8650 NW 58 ST MIAMI, FL 33166	8650 NW 58 ST MIAMI, FL 33166

2. Principal Place of Business	3. Mailing Address
5701 SUNSET DR	5701 SUNSET DR
Suite, Apt. #, etc: STE 156	Suite, Apt. #, etc: STE 156
City & State: MIAMI FL	City & State: MIAMI, FL
Zip: 33143 Country: DADE	Zip: 33143 Country: DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0998524 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ZAMUDIO, VANESSA
8650 NW. 58 ST
MIAMI, FL 33166

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 5701 SUNSET DRIVE
STE 156
City MIAMI FL Zip Code 33143

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 *Vanessa Zamudio
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) ☐

[illegible]

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ZAMUDIO, VANESSA 20520 SW. 84 AVE MIAMI, FL 33159 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Vanessa Zamudio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR