

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000055613**1. Entity Name  
DECO-STONE FURNITURE, INC.

## Principal Place of Business

4722 EAST MICHIGAN STREET

ORLANDO  
32812

FL

## Mailing Address

4722 EAST MICHIGAN STREET

ORLANDO  
32812

FL

## 2. Principal Place of Business

2918 N. FORSYTH RD.

## 3. Mailing Address

2918 N. FORSYTH RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

WINTER PARK

FL

## City &amp; State

WINTER PARK

FL

Zip  
32792

Country

Zip  
32792

Country

## 4. FEI Number

59-3650594

Applied For

Not Applicable

## 5. Certificate of Status Desired

☒**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUECORAL GABLES  
33134

US

FL

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ **04/27/2001**

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

TITLE VSD ☐ Delete  
NAME CANASI MANUEL JR  
STREET ADDRESS 4722 EAST MICHIGAN STREET  
CITY-ST-ZIP ORLANDO FL 32812TITLE PTD ☐ Delete  
NAME IBANEZ-CANASI LOURDES  
STREET ADDRESS 4722 EAST MICHIGAN STREET  
CITY-ST-ZIP ORLANDO FL 32812TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: MANUEL CANASI JR

VP

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)