

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90299 036 ***150.00

DOCUMENT # P00000070797

1. Entity Name
NANCY'S DECORATION, INC.



Principal Place of Business
5373 CEDAR LAKE RD
#14-21
BOYNTON BEACH FL 33437

Mailing Address
5373 CEDAR LAKE RD
#14-21
BOYNTON BEACH FL 33437

90016964



2. Principal Place of Business
1837 VENTURE CENTER WAY
Suite, Apt. #, etc.
APT 5211
City & State

3. Mailing Address
1837 VENTURE CENTER WAY
Suite, Apt. #, etc.
APT 5211
City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1089870** 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

ZAPATA, HORACIO J
5373 CEDAR LAKE RD #14-21
BOYNTON BEACH FL 33437

Name
Street Address (P.O. Box Number is Not Acceptable)
1837 VENTURE CENTER WAY
APT 5211
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ZAPPATA, HORACIO J 5373 CEDAR LAKE DR #14-21 BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1837 VENTURE CENTER WAY APT 5211 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

JANUARY 28.03 **561 7389349**

Date

Daytime Phone #

CR2E034 (10/02)