

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90083 007 ***150.00

DOCUMENT # P00000080243

1. Entity Name

DECO MORTGAGE GROUP INT. INC.

Principal Place of Business

**11330 NW 58TH PLACE, SUITE 2
HIALEAH FL 33012**

Mailing Address

**11330 NW 58TH PLACE, SUITE 2
HIALEAH FL 33012**

2. Principal Place of Business

**1490 W 49 PI
Suite, Apt. #, etc.
590**

3. Mailing Address

**11330 NW 58 PI
Suite, Apt. #, etc.**

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip
33012

Country
MIAMI-DADE

Zip
33012

Country
MIAMI-DADE

4. FEI Number

65-1035795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ORDAZ, MARIA E
11330 NW 58TH PLACE
HIALEAH FL 33012**

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

MARIA E. ORDAZ **MARIA E. ORDAZ**

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 **PD** ☐ Delete
NAME **ORDAZ, MARIA E**
STREET ADDRESS **11330 NW 58TH PLACE**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **VD** ☐ Delete
NAME **AGUILA, SONIA M**
STREET ADDRESS **5636 SHADY BROOK CT**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

MARIA E. ORDAZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-8-2002 823-8087

CR2E034 (9/01)