

2001 UNIFORM BUSINESS REPORT (UBR)

8/1.

FILED
Sep 06, 2001 8:00 am
Secretary of State

08-13-2001 90006 013 ***550.00

DOCUMENT # P00000102838

1. Entity Name
DEKOR, INC.

Principal Place of Business
897 WINDTREE WAY
W PALM BCH FL 33414

Mailing Address
897 WINDTREE WAY
W PALM BCH FL 33414

2. Principal Place of Business

897 Windtree Way

3. Mailing Address

897 Windtree Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WPA FL

City & State

WPA FL

Zip

33414

Country

Zip

33414

Country

4. FEI Number

65-1052515

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

CAMPOREALE, FRANK
897 WINDTREE WAY
W PALM BCH FL 33414

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

Frank Camporeale

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

(NOTE: Registered Agent signature required when reinstating)

8/5/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President & Treasurer** ☐ Delete
NAME **Frank Camporeale**
STREET ADDRESS **897 Windtree Way WPA 33414**
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Frank Camporeale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561 389 8959

CR2E034 (5/01)