

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 00000106191

1. Entity Name

DECORPAINT OF MIAMI CORP.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

932 NW 5 ST.

932 NW 5 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

No. 3

No. 3

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33128

USA

33128

USA

REINSTATEMENT 01

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1054522

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

Name

OSCAR R. CORDOVA

Street Address (P.O. Box Number is Not Acceptable)

932 NW 5 ST.

No. 3

City

Miami

FL

Zip Code

33128

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

Oscar R. Cordova

Signature of current registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/26/01

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

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

EDGARD O ALGERRO

☒ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P, S, T, D

OSCAR R. CORDOVA

932 NW 5 ST. No. 3

Miami, FL 33128

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

100004717131--8

-12/10/01--01096--024

****750.00 ****750.00

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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:

3/26/01 63023251439

CR2E034 (11/00)