

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108804

1. Entity Name

DECO - EUROPE CORPORATION

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90041 001 ***150.00

Principal Place of Business
12741 WORLD PLAZA LANE
BUILDING 84 - SUITE 3
FORT MYERS FL 33907

Mailing Address
12741 WORLD PLAZA LANE
BUILDING 84 - SUITE 3
FORT MYERS FL 33907

2. Principal Place of Business
14375 NW 14th St.
Suite, Apt. #, etc.

3. Mailing Address
14375 NW 14th St.
Suite, Apt. #, etc.

City & State
Pembroke Pines, Florida

City & State
Pembroke Pines, Florida

Zip
33028

Country
U.S.A.

Zip
33028

Country
U.S.A.

4. FEI Number
65-1058050

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GERMAN COMMERCIAL CONSULTING, L.C.
5109 DEL PRADO BOULEVARD
CAPE CORAL FL 33904

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOIGT, MICHAEL		NAME	Voigt, Michael	
STREET ADDRESS	3030 COLLINS AVENUE #3B		STREET ADDRESS	14375 NW 14th St.	
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Michael Voigt 04-02-01 941-540-0713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)