

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-14-2002 90355 012 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111138

1. Entity Name

LE DECOR PEINT COMPANY

35286

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1028 ASHBY D

3. Mailing Address

1028 ASHBY D

State, Apt. #, etc.
CENTURY VILLAGEState, Apt. #, etc.
CENTURY VILLAGECity & State
DEERFIELD BEACH, FLCity & State
DEERFIELD BEACH, FLZip
33442Country
USAZip
33442Country
USA

4. FEI Number 65-1126740

Applied for
Not Applicable5. Certificate of Status Checked ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Brault MichaelStreet Address 4300 W. Oakland Park BlvdBuilding GCity SUNRISEFL Zip 33351DO NOT WRITE
IN THIS SPACE

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

Michael Brault

MICHAEL BRAULT

6/6/02

9. This corporation is eligible to satisfy its intangible
tax filing requirement and wishes to do so.
(See instructions on back) ☐10. Election Campaign Financing
Trust Fund Commission ☐\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY-STATE-ZIP
DPTS CARLUY, GILLES	1028 ASHBY D, CENTURY VILLAGE	DEERFIELD BEACH, FL 33442

NAME	STREET ADDRESS	CITY-STATE-ZIP

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NAME	STREET ADDRESS	CITY-STATE-ZIP

NAME	STREET ADDRESS	CITY-STATE-ZIP

NAME	STREET ADDRESS	CITY-STATE-ZIP

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 192.07(1)(b), 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. 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, on an attachment with an affidavit, with all other filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2034B (12/01)