2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90384 012 ***150.00

DOCUMENT # P01000005043

1. Entity Name
DECO TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
3741 NE 163RD ST. #330 NORTH MIAMI BEACH, FL 33160	3741 NE 163RD ST. #330 NORTH MIAMI BEACH, FL 33160

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	16850-12 Collins Ave, #330
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Sunny Isles Beach, FL
Zip / Country	Zip: 33160 / Country: Dade

4. FEI Number 65-1085228 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIXON, RAPLH E
16169 BISCAYNE BLVD #141
NORTH MIAMI, FL 33160

7. Name and Address of New Registered Agent

Name: Dixon, Ralph E.
Street Address (P.O. Box Number is Not Acceptable): 16850-12 Collins Ave., #330
City: Sunny Isles Beach, FL Zip Code: 33160

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4-18-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIXON, RALPH E 3741 N.E. 163RD STREET, #330 NORTH MIAMI BEACH, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-18-03 305-948-0609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #