

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**  
 05-12-2002 90549 015 \*\*\*150.00

**DOCUMENT # P01000017467**

1. Entity Name  
**WITH STYLE DECOR, INC.**

Principal Place of Business  
**1058 BLUEWOOD TERRACE**  
**WESTON FL 33327**

Mailing Address  
**1058 BLUEWOOD TERRACE**  
**WESTON FL 33327**

2. Principal Place of Business  
**16782 GOLFVIEW DR**  
 Suite, Apt. #, etc.  
**WESTON FL**  
 City & State

3. Mailing Address  
**16782 GOLFVIEW DR**  
 Suite, Apt. #, etc.  
**WESTON, FL**  
 City & State

Zip  
**33326**  
 Country  
**USA**

Zip  
**33326**  
 Country  
**USA**

4. FEI Number  
**65-1096705**  
 Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**HERNANDEZ, MARIA H**  
**1058 BLUEWOOD TERRACE**  
**WESTON FL 33327**

## 7. Name and Address of New Registered Agent

Name  
**HERNANDEZ, MARIA HELENA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**16782 GOLFVIEW DR**  
 City  
**WESTON** **FL** Zip Code  
**33326**

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

(NOTE: Registered Agent signature required when reinstating)

**4/23/02**  
 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 \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**VP-D**  
**DARY ARENAS-HERNANDEZ**  
**646 SW 158 Terrace**  
**SUNRISE, FL 33326**

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:**

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/02**  
 Date

**954-659-8799**  
 Daytime Phone #

CR2E034 (9/01)