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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 24 AM 7:25

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# 2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000037864

1. Entity Name
ART DECO CONSTRUCTION CORP.

**DO NOT WRITE IN THIS SPACE**

REINSTATEMENT 03.04 ao

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 7770 NW 23 AVE | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI, FL | City & State |
| Zip: 33147 Country | Zip – Country |

4. FEI Number 65-1095017 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: EDUARDO DE LEON

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

2185 NE 123 Street #206

City: N. MIAMI FL Zip Code: 33181

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: X 04/27/04

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

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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

| | |
|---|---|
| TITLE | PD |
| NAME | DE LEON EDUARDO |
| STREET ADDRESS | 2185 NE 123 ST #206 |
| CITY-ST-ZIP | N. MIAMI, FL 33181 |
| TITLE | VP |
| NAME | BARNETCHE MARCOS DELETED |
| STREET ADDRESS | 1300 71 STREET |
| CITY-ST-ZIP | MIAMI BEACH, FL 33141 |

**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** X 04/27/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #