

2002 UNIFORM BUSINESS REPORT (UBR) :

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90002 009 ***150.00

0342713 AV

DOCUMENT # P01000043393

1. Entity Name
DECOR CENTER, CORP.

Principal Place of Business
537 N.W. 208 DR.
PEMBROKE PINES FL 33029

Mailing Address
537 N.W. 208 DR.
PEMBROKE PINES FL 33029



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6860 S.W. 195 AVE

3. Mailing Address
6860 S.W. 195 AVE

Suite, Apt. #, etc.
CITY & STATE
PEMBROKE PINES, FL
Zip
33332
Country
USA

Suite, Apt. #, etc.
CITY & STATE
PEMBROKE PINES, FL
Zip
33332
Country
USA

4. FEI Number
65-1099587

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, JUDY
537 N.W. 208 DR.
PEMBROKE PINES FL 33029

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	PTD PEREZ, JUDY 537 N.W. 208 DR. PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD PEREZ, JOSE LUIS 537 N.W. 208 DR. PEMBROKE PINES FL 33029	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Judy Perez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/02 **(954) 434-6770**
Date Daytime Phone #

CR2E034 (9/01)