

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

02-25-2002 90082 008 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000060051

1. Entity Name
DECISION IMPORT & EXPORT, INC.

Principal Place of Business 8665 NW 6TH LANE #203 MIAMI FL 33126	Mailing Address 8665 NW 6TH LANE #203 MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7225 NW 25th ST	3. Mailing Address 7225 NW 25th ST
Suite, Apt. #, etc. # 208	Suite, Apt. #, etc. 208

City & State MIAMI - FL	City & State MIAMI, FL
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4. FEI Number 65-112877	Applied For <input type="checkbox"/> Not Applicable
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Zip 33122	Country USA	Zip 33122	Country USA
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PEREIRA, CARLA C
8665 NW 6TH LANE #203
MIAMI FL 33126

7. Name and Address of New Registered Agent

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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input checked="" type="checkbox"/> Addition
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: Carla C. Pereira Date: 2/12/02 Daytime Phone #: (305) 265-8842

Carla C. Pereira, Pres.

CR2E034 (9/01)