

5/16

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90087 008 \*\*\*150.00

**DOCUMENT # P01000063403**

1. Entity Name

DECCA MANAGEMENT COMPANY, INC.

Principal Place of Business

3864 SHERIDAN STREET  
HOLLYWOOD FL 33021-3634

Mailing Address

3864 SHERIDAN STREET  
HOLLYWOOD FL 33021-3634

2. Principal Place of Business

3. Mailing Address

2269 S. University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 125

City &amp; State

City &amp; State

Davie, FL

Zip

Country

Zip

Country

33324

DO NOT WRITE IN THIS SPACE

4. FEI Number

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

HANNA, EDWARD A JR ESQ  
3864 SHERIDAN STREET  
HOLLYWOOD FL 33021-3634

Name

Maria Alvarez

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

2269 S. University Drive

City

Davie

FL

Zip Code

33324

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

Maria Alvarez

4-25-02

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	LEWIS, MARIE		
3864 SHERIDAN STREET			
HOLLYWOOD FL 33021-3634			
STD	GARCIA, MANNY		
3864 SHERIDAN STREET			
HOLLYWOOD FL 33021-3634			

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

Manny Garcia

4/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)