

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90116 030 ***150.00

DOCUMENT # P01000090265

1. Entity Name
DECOR BATH + KITCHEN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2709 E. COMMERCIAL BLVD
3. Mailing Address 2801 NW 55 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE

4. FEI Number
01-0646212

Applied For
☐ Not Applicable

Zip
33308

Country
BROWARD

Zip
FL

Country
BROWARD

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 CELIO F. CARRIEGO

Street Address (P.O. Box Number is Not Acceptable)
2801 NW 55 CT BAY 4

City & State FT. LAUDERDALE FL **Zip Code** 33309

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PRESIDENT
NAME CELIO F. CARRIEGO
STREET ADDRESS 2801 NW 55 CT BAY 4
CITY - ST - ZIP FT. LAUDERDALE FL 33309

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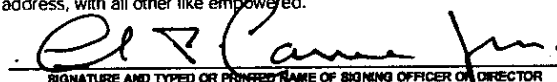
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-02 (954) 739 8288
Date Daytime Phone #

CR2E034B (12/01)