

2002 UNIFORM BUSINESS REPORT (UBR)

5/6/

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-06-2002 90030 021 ***158.75

DOCUMENT # P01000109677

1. Entity Name
DECOUPAGE 3D & MORE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 440632
 MIAMI FL 33144

P.O. BOX 440632
 MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

N/A

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

BARRERO, ISIS
7511 S.W. 108 AVENUE
MIAMI FL 33173

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
D
BARRERO, ISIS
7850 N.W. 71 ST.
MIAMI FL 33166 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
SARMIENTO, EHIDA F
7511 S.W. 108TH AVENUE
MIAMI FL 33173 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Delete

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TITLE
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 CITY-ST-ZIP
☐ Change ☐ 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

305-273-7600

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
36978

DECOUPAGE 3D & MORE, INC.
P.O. BOX 440632
MIAMI, FLORIDA 33144

June 17, 2002

Subject: **DECOUPAGE 3D & MORE, INC.**

SEND VIA:
CERTIFIED MAIL

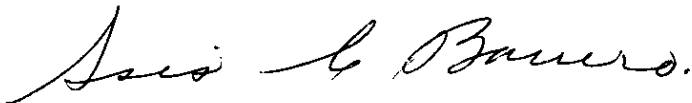
Reference Number: **P01000109677**

In reference to your letter dated May 11, 2002, this is to confirm that the above-mentioned corporation has no employee, therefore Federal Employee Identification number was not requested and is not applicable. We are returning the copy of the annual report marking N/A on the proper space as your office instruct us to do it.

Our answer has been a few days late because the person in charge was on vacation. We want to apologize for this little delay.

Thank you for your cooperation in this matter. If you have any questions, please call me at your convenience.

Sincerely



Decoupage 3D & More, Inc.
Isis Barrero, Secretary

FILE: DECOUP1