

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90240 021 ***150.00

DOCUMENT # P01000112036

1. Entity Name *

AR DECORATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

201 RACQUET CLUB RD

3. Mailing Address

201 RACQUET CLUB RD.

Suite, Apt. #, etc.

N-121

Suite, Apt. #, etc.

N-121

City & State

WESTON, FL

City & State

WESTON, FL

4. FEI Number

04-3594692

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

33326

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RODRIGO CORREA

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

201 RACQUET CLUB RD

N-121

City

WESTON

FL

Zip Code

33326

**DO NOT WRITE
IN THIS SPACE**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/23/02

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1st - May 1st Fee is \$150.00

After May 1st 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 | <u>PD</u> |
| NAME | <u>RODRIGO CORREA</u> |
| STREET ADDRESS | <u>201 RACQUET CLUB RD #N-121</u> |
| CITY - ST - ZIP | <u>WESTON, FL 33326</u> |
| TITLE | <u>VP</u> |
| NAME | <u>ALEXANDRA MONTOYA</u> |
| STREET ADDRESS | <u>201 RACQUET CLUB RD #N-121</u> |
| CITY - ST - ZIP | <u>WESTON, FL 33326</u> |
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IN THIS SPACE**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

954-457-0970

Daytime Phone #

CR2E034B (12/01)