

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90136 035 ***150.00

DOCUMENT # P02000081589

1. Entity Name
DECOTECH INC.



Principal Place of Business
**1840 WEST 49TH STREET STE #404
HIALEAH FL 33012**

Mailing Address
**1840 WEST 49TH STREET STE #404
HIALEAH FL 33012**

2. Principal Place of Business
**9605 NW 79 AVE
Suite, Apt. #, etc.
B26**

3. Mailing Address
**9605 NW 79 AVE
Suite, Apt. #, etc.
B26**

City & State
HIALEAH GARDENS

City & State
HIALEAH GARDENS

Zip Country
FL 33016

Zip Country
FL 33016

4. FEI Number
56-2284349

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RIVERO, JUAN J
1840 WEST 49TH STREET STE #404
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
**5450 NW 168TH TER
City CAROL CITY FL Zip Code 33055**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **RIVERO, JUAN J**
STREET ADDRESS **361 EAST 55 STREET**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **R.P.** ☐ Change ☐ Addition
NAME **RIVERO, JUAN J**
STREET ADDRESS **5450 NW 168 TRR.**
CITY-ST-ZIP **CAROL CITY FL 33055.**

TITLE **D** ☒ Delete
NAME **MARTIN, TANIA Y.**
STREET ADDRESS **361 EAST 55 STREET**
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE **D.T.S.** ☐ Change ☐ Addition
NAME **MARTIN TANIA Y.**
STREET ADDRESS **5450 NW 168 TRR.**
CITY-ST-ZIP **CAROL CITY FL 33055.**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

Daytime Phone #

CR2E034 (10/02)