# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 09, 2003 8:00 am**
**Secretary of State**
04-30-2003 90150 035 ***150.00

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DOCUMENT # P02000086946 (L)

1. Entity Name
ULTIMATE DECOR, INC.

44003782

[redacted]

| Principal Place of Business | Mailing Address |
|---|---|
| 10701 SW 27TH ST.<br>DAVIE FL 33328 | 10701 SW 27TH ST.<br>DAVIE FL 33328 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1930 N. 30th ROAD | 1930 N. 30th ROAD |
| Suite, Apt. #, etc.: HOLLYWOOD | Suite, Apt. #, etc.: |
| City & State: FLORIDA | City & State: HOLLYWOOD FL. |
| Zip: 33021 Country: USA | Zip: 33021 Country: USA |

4. FEI Number: 02-0630644 ☐ 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 |
|---|---|
| LEMIRE, LYNE<br>10701 SW 27TH ST.<br>DAVIE FL 33328 | Name:<br>Street Address (P.O. Box Number is Not Acceptable): 2631 SW 109 Ave.<br>City: DAVIE FL Zip Code: 33328 |

new address

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

**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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PSTD<br>LEMIRE, LYNE<br>10701 SW 27TH ST. 2631 SW 109 Ave.<br>DAVIE FL 33328 DAVIE FL 33328 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>ALFARO, CELINA<br>5891 BRIGHTON LANE<br>DAVIE FL 33331 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E034 (10/02)

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 APRIL 28 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 954 370 2397