

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90154 039 ***150.00

DOCUMENT # **P02000104242**



1. Entity Name
DECO INTERNACIONAL GROUP, INC.

Principal Place of Business
**P.O. BOX 970866
BOCA RATON FL 33497**

Mailing Address
**P.O. BOX 970866
BOCA RATON FL 33497**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number
55-0798470

Applied For
Not Applicable

Zip Country

Zip Country

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

**FLORIDA AGENT SERVICES, INC.
1221 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131**

Name **DENNIS COLINA**
Street Address (P.O. Box Number is Not Acceptable)
21090 woodspring Ave
City **Boca Raton** FL Zip Code **33428**

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 *Dennis Colina* **President.** **Feb-10-2003**
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	DPS	<input type="checkbox"/> Delete
NAME	COLINA, DENNIS	
STREET ADDRESS	P.O. BOX 970865	
CITY-ST-ZIP	BOCA RATON FL 33497	
TITLE	DV	<input type="checkbox"/> Delete
NAME	COLINA, GUSTAVO	
STREET ADDRESS	P.O. BOX 970865	
CITY-ST-ZIP	BOCA RATON FL 33497	
TITLE	DV	<input type="checkbox"/> Delete
NAME	COLINA, ALBERTO	
STREET ADDRESS	P.O. BOX 970865	
CITY-ST-ZIP	BOCA RATON FL 33497	
TITLE	DV	<input type="checkbox"/> Delete
NAME	COLINA, MARIE T	
STREET ADDRESS	P.O. BOX 970865	
CITY-ST-ZIP	BOCA RATON FL 33497	
TITLE	DT	<input type="checkbox"/> Delete
NAME	COLINA, EDUARDO	
STREET ADDRESS	P.O. BOX 970865	
CITY-ST-ZIP	BOCA RATON FL 33497	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Dennis Colina* **President.** **Feb-10-2003** **561-470-5444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)