FROM: ESTHER Z BEJAR CPA PA FAX NO. 3059309936

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91777 046 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~P02000129260~~ P02000129260

1. Entity Name
LIGNADECOR USA, INC.

DO NOT WRITE IN THIS SPACE

11041106

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
929 COLLINS AVENUE	929 COLLINS AVENUE
Suite, Apt. #, etc.: 3	Suite, Apt. #, etc.: 3
City & State: MIAMI BEACH, FL	City & State: MIAMI BEACH, FL
Zip: 33139 Country: USA	Zip: 33139 Country: USA

4. FEI Number: 48-1293217 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CUNEYD BAYOLKEN
Street Address (P.O. Box Number is Not Acceptable): 929 COLLINS AVENUE APT 3
City: MIAMI BEACH FL Zip Code: 33139

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: /Cuneyd Bayolken CUNEYD BAYOLKEN 04/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE: D		TITLE:	
NAME: CUNEYD BAYOLKEN		NAME:	
STREET ADDRESS: 929 COLLINS AVENUE APT 3		STREET ADDRESS:	
CITY-ST-ZIP: MIAMI BEACH, FL 33139		CITY-ST-ZIP:	
TITLE:		TITLE:	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:		TITLE:	
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TITLE:		TITLE:	
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STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: /Cuneyd Bayolken CUNEYD BAYOLKEN 04/30/03 305-674-7622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATP FL32381P.1