

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P07163

1. Entity Name

DECOMA INVESTMENT, INC. I

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90130 039 \*\*\*150.00

Principal Place of Business

Mailing Address

450 E LAS OLAS BLVD  
1400  
FT LAUDERDALE FL 33301  
US

450 E LAS OLAS BLVD  
1400  
FT LAUDERDALE FL 33301-4206  
US

2. Principal Place of Business

501 E. Caminor Real

Suite, Apt. #, etc.

Corporate Office

City & State

Boca Raton, FL

Zip

33432

Country

3. Mailing Address

P. O. Box 5025

Suite, Apt. #, etc.

Corporate Office

City & State

Boca Raton, FL

Zip

33431

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

76-0154871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFOMATION SERVICES INC.  
ONE SE 3RD AVE  
27TH FLOOR  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 PD ☐ Delete  
NAME ROCHON, RICHARD C.  
STREET ADDRESS 450 E. LAS OLAS BLVD., #1500  
CITY-ST-ZIP FT. LAUDERDALE FL 33302

TITLE VPS ☐ Delete  
NAME HANDLEY, RICHARD L  
STREET ADDRESS 450 E LAS OLAS BLVD, STE 1500  
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE V ☐ Delete  
NAME PIERCE, WILLIAM M  
STREET ADDRESS 450 E LAS OLAS BLVD 1400  
CITY-ST-ZIP FT. LAUDERDALE FL 33302

TITLE VPT ☐ Delete  
NAME DAURIA, STEVE M  
STREET ADDRESS 450 E LAS OLAS BLVD 1400  
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 501 E. Camino Real  
CITY-ST-ZIP Boca Raton, FL 33432

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 501 E. Camino Real  
CITY-ST-ZIP Boca Raton, FL 33432

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

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

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 Block 12 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

Steven M. Dauria

4-28-00

Date

561-447-5300

Daytime Phone #