

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90945 049 \*\*\*150.00

0686787 FP

**DOCUMENT # P07163**

1. Entity Name  
**DECOMA INVESTMENT, INC. I**



Principal Place of Business  
**501 E. CAMINOR REAL  
BOCA RATON FL 33432  
US**

Mailing Address  
**501 E. CAMINOR REAL  
BOCA RATON FL 33432  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **76-0154871**

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

7. Name and Address of New Registered Agent

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

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 **PD**  Delete  
NAME **ROCHON, RICHARD C.**  
STREET ADDRESS **450 E. LAS OLAS BLVD., #1500**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33302**

TITLE **PD**  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD**  Delete  
NAME **PIERCE, WILLIAM M**  
STREET ADDRESS **501 E CAMINO REAL**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **VD**  Change  Addition  
NAME **MOOR, WAYNE**  
STREET ADDRESS **501 E. CAMINO REAL**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **VPT**  Delete  
NAME **DAURIA, STEVE M**  
STREET ADDRESS **501 E CAMINO REAL**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **VPT**  Change  Addition  
NAME **FINOCCHIARO, MARY JO**  
STREET ADDRESS **501 E. CAMINO REAL**  
CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **P**  Delete  
NAME **FEDER, DAVID S**  
STREET ADDRESS **501 E CAMINO REAL**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 OF MARY JO FINOCCHIARO* Date 2/4/03 Daytime Phone # 561-417-5300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)