

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000041386

1. Entity Name
DEKOM, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90003 025 ***550.00

Principal Place of Business

2330 NW 102 AVE
BAIL #1
MIAMI FL 33172
US

Mailing Address

2330 NW 102 AVE
BAIL #1
MIAMI FL 33172
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

4. FEI Number

65-0501096

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

CASTRO, CARLOS A
1001 S BAYSHORE DRIVE
SUITE 2410
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.

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ALFREDO BELLO ☒ Delete
STREET ADDRESS 6915 MOSS BOULDER DR.
CITY-ST-ZIP HOUSTON TX

TITLE
NAME JUAN A. Soler ☐ Change ☐ Addition
STREET ADDRESS 867 Garnet Circle
CITY-ST-ZIP Weston, FLA 33326

TITLE VP
NAME CLORALT, NORMA ☒ Delete
STREET ADDRESS 6TH AVE ALTAMIRA #27
CITY-ST-ZIP CARACAS VE

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

TITLE SD
NAME MARQUEZ, SONIA ☒ Delete
STREET ADDRESS AV. 5 DE JULIO-LOS CARMENES
CITY-ST-ZIP CAGUA VE

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

TITLE T
NAME SOLER, ALEM ☐ Delete
STREET ADDRESS 867 GARNET CIRCLE
CITY-ST-ZIP FT LAUDERDALE FL 33326

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

4 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #