FILED Apr 18, 2000 8:00 am Secretary of State

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400068842

1. Entity Name

DECKMOR ENTERPRISES, INC.

DECKING	UN ENTENFRISES, INC.				Secreta	ary 01) 90248 004		
Principal Plac	e of Business	Mailing Address			04-18-2000	70248 004	136.	7.5
5675 SW 35TH AVENUE HOLLYWOOD FL 33312 US		5675 SW 35TH AVENUE HOLLYWOOD FL 33312-6373 US						
2. Principal Place of Business 3. Mailing Address 3201 W Griffin Rd. 3201 W Griffin Suite Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat		City & State Dania Bear	ch F		FEI Number 65-052127	76		plied For t Applicable
Zip	Country	100:	Country		Certificate of Status Desired		3.75 Addi	litional
3331	6. Name and Address of Current		U.S.	7.	Name and Address of New	Fe	e Required	
			Name		Deckelbo			
MORRIS DECKELBAUM 5675 SW 35TH AVENUE			Street A	r ていら ddress (P.O. E	Box Number is Not Acceptabl	e) Rd		
HOLLYWOOD FL 33312			# Y	7/0				
			City		seach	FL	Zip Code	
8. The above	named entity submits this statement fo	r the purpose of changing its req	gistered office or				<u> </u>	312
SIGNATURE .	Morris Decl	kelbgum	egistered Agent signat			4-13.	99	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		550.00	10. Election Campaign Fi Trust Fund Contribution			May Be to Fees
11.	OFFICERS AND		12.	A[ODITIONS/CHANGES TO OF			
NAME STREET ADDRESS CITY-ST-ZIP	DP DECKELBAUM, MORRIS 5675 SW 35TH AVENUE HOLLYWOOD FL 33312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3201	elbaum Mo W. Griffii a Beach, f	50.62	Change ★ \(\frac{1}{2} \) \(\frac{2}{2} \)	-
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TITLE NAME		☐ Delete	TITLE NAME				☐ 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: _

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

ELEMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Date

Daytime Phone #

☐ Change

☐ Addition