

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**  
 05-04-2001 90131 032 \*\*\*150.00

**DOCUMENT # P95000032203**

1. Entity Name  
**DECO STYLE, INC.**

Principal Place of Business  
**11525 N.E. 9 AVE.  
 BISCAYNE PARK FL 33161**

Mailing Address  
**11525 N.E. 9 AVE.  
 BISCAYNE PARK FL 33161**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**12355 N.E. 13 AVE.**

3. Mailing Address  
**12355 N.E. 13 AVENUE**

Suite, Apt. #, etc.  
**BAY 108**

Suite, Apt. #, etc.  
**BAY 108**

City & State  
**NORTH MIAMI FL**

City & State  
**NORTH MIAMI FL**

4. FEI Number **65-0763385**

Applied For  
 Not Applicable

Zip Country  
**33161 MIAMI-DADE**

Zip Country  
**33161 MIAMI-DADE**

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

**6. Name and Address of Current Registered Agent**

**SCORTECCIA, LOUIS  
 11525 N.E. 9TH AVE.  
 BISCAYNE PARK FL 33161**

**7. Name and Address of New Registered Agent**

Name ~~JOSE~~ **DAPENA, JOSE THOMAS**

Street Address (P.O. Box Number is Not Acceptable)  
**286 N.W. 152 AVENUE**

City **PEMBROKE PINES** FL Zip Code **33028**

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, 2001 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 NAME ☐ Delete  
**P SCORTECCIA, LOUIS**  
 STREET ADDRESS **11525 N.E. 9 AVE.**  
 CITY-ST-ZIP **BISCAYNE PARK FL 33161**

TITLE NAME ☒ Delete  
**V SCORTECCIA, JOELLE R**  
 STREET ADDRESS **11525 N.E. 9TH AVE.**  
 CITY-ST-ZIP **BISCAYNE PARK FL 33161**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME ☐ Change ☒ Addition  
**V DAPENA, JOSE THOMAS**  
 STREET ADDRESS **286 N.W. 152 AVENUE**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

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

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

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

TITLE NAME ☐ Change ☐ Addition  
 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:

**SCORTECCIA, LOUIS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/2001**  
 Date

**305 895 9651**  
 Daytime Phone #

CR2E034 (10/00)