

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

2002

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90055 012 ***150.00

DOCUMENT # P95000032203 (8)

1. Entity Name

DECO STYLE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12355 N.E. 13th Ave.

Suite, Apt. #, etc.

Bay 108

City & State

North Miami, FL

Zip

33161

Country

USA

3. Mailing Address

12355 N.E. 13th Ave.

Suite, Apt. #, etc.

Bay 108

City & State

North Miami, FL

Zip

33161

Country

USA

4. FEI Number

65-0763385

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Jose Thomas DaPena

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

286 N.W. 152nd Avenue

City

Pembroke Pines,

FL

Zip Code

33028

**DO NOT WRITE
IN THIS SPACE**

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)**

☐

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	STREET ADDRESS	CITY - ST - ZIP
P	SCORTECCIA, Louis	11525 N.E. 9th Avenue	Biscayne Park, FL 33161
V	DAPENA, Jose Thomas	286 N.W. 152nd Avenue	Pembroke Pines, FL 33028

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis Scorteccia, Pres.

4/23/02

Date

(305) 895-9651

Daytime Phone #