

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000050162

1. Entity Name

DECOREX CORP.

Principal Place of Business

201 N.W. 77th Avenue Suite 600
Miami, FL 33166

Mailing Address

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

65-0674383

Applied For

Not Applicable

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

Name

Agustin Estil-las

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

10350 S.W. 64 ST

City

Miami

FL

Zip Code

33173

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME Estil-las, Agustin
STREET ADDRESS 10350 S.W. 64 ST
CITY-ST-ZIP Miami, FL 33173

TITLE ☐ Change ☐ Addition
NAME 700003291287--8
STREET ADDRESS -06/15/00--01067--001
CITY-ST-ZIP *****150.00 *****150.00

TITLE D ☐ Delete
NAME Moreira Barros, GUILHERME
STREET ADDRESS 10350 S.W. 64 ST
CITY-ST-ZIP Miami, FL 33173

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

TITLE D ☐ Delete
NAME Gaubeka Gonzalez, Josu
STREET ADDRESS 10350 S.W. 64 ST
CITY-ST-ZIP Miami, FL 33173

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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, name or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-23-00

(305) 591-1616

CR2E034 (9/99)



May 23, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We are in receipt of the form 201. COR Profit A/R requested by May 16, 2000, for which we wish to thank you.

The reason that we did not received before is due to our new address, please makes note of it: 5201 NW 77th #600- Miami, Fl 33166.

Attached you will find the payment for Decoration for Export L.C. and Decorex Corp.

Thank You,

Marlene Estil-las

DECOREX

5201 N.W. 77th Ave., Ste. 600
Miami, Florida 33122
Tel.: 305-591-1616
Fax: 305-591-2322