FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90164 023 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000054115**

1. Entity Name
DECOR WINDOW FASHIONS, INC.

Principal Place of Business	Mailing Address
16413 SW 73 LN MIAMI, FL 33193 US	16413 SW 73 LN MIAMI, FL 33193 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
16794 N. Kendall Dr.	16794 N. Kendall Dr.
Suite, Apt. #, etc. 210	Suite, Apt. #, etc. 210
City & State MIAMI, FL	City & State Miami, FL
Zip 33196 Country	Zip 33196 Country

4. FEI Number **65-0677116** ☐ 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
VASTA, CHRISTOPHER 16413 SW 73 LN MIAMI, FL 33193	Name Street Address (P.O. Box Number is Not Acceptable) 16794 N. Kendall Dr #210 City Miami **FL** Zip Code 33196

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Christopher Vasta 4/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VASTA, CHRISTOPHER T	NAME	
STREET ADDRESS	~~16413 SW 73 LN~~ 16536 SW 67 Terr	STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI, FL 33193~~ Miami, FL 33193	CITY-ST-ZIP	
TITLE	VTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HUGUES, VASTA P VASTA-HUGUES, PATRICIA	NAME	
STREET ADDRESS	16413 SW 73 LN 16536 SW 67 Terr	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33193 Miami FL 33193	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christopher Vasta 4/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)