

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

04-28-2002 90779-02 P-150.00
P96000061861

DOCUMENT # P96000061861

1. Entity Name

DECAREL USA, INC

02 MAY 28 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

341 N MAITLAND AVE

Suite, Apt. #, etc.

260

3. Mailing Address

341 N MAITLAND AVE

Suite, Apt. #, etc.

260

City & State
MAITLAND FL

City & State
MAITLAND FL

4. FEI Number
59-3398025

Applied For
Not Applicable

Zip
32751

Country
US

Zip
32751-4782

Country
US

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

7. Name and Address of Current Registered Agent

Name
STRICKLAND, LARRY M

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

341 N MAITLAND AVE #260

City
MAITLAND

FL

Zip Code
32751

**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
CHINIARA, GABRIEL
341 N MAITLAND AVE #260
MAITLAND FL 32751
D

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SALICCO, ROBERT
341 N MAITLAND #260
MAITLAND FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/01)

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 SIGNER, OFFICER, DIRECTOR

April 9, 2002 (514) 935-6462

Date

Daytime Phone #