

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90325 014 \*\*\*158.75

**DOCUMENT # P96000089244**

1. Entity Name

**HANDCRAFT DESIGN & DECORATION INC.**

Principal Place of Business

**8013 SW 186TH ST.  
MIAMI FL 33157  
US**

Mailing Address

**8013 SW 186TH ST.  
MIAMI FL 33157  
US**

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

**65-0710834**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**NAVARRO, RENE  
6614 SW 114TH PL UNIT F  
MIAMI FL 33173**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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, 2002 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  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
DEVILLADA, CATHERINE  
6614 SW 114TH PL. UNIT F  
MIAMI FL 33173**



TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DV  
DANET, OLIVIA  
7 RUE TAFRAUT QUARTIER HASSAN  
RABAT, MOROCCO**



TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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CITY - ST - ZIP  
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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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)