

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034202

1. Entity Name

DEKO TILES & CARPET, INC.

Principal Place of Business

15499 W. DIXIE HIGHWAY #15
NO. MIAMI BEACH FL 33162

Mailing Address

15499 W. DIXIE HIGHWAY #15
NO. MIAMI BEACH FL 33162-6031

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

65-0743350

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIVERIO, E
7179 PEMBROKE ROAD
PEMBROKE PINES FL 33023

7. Name and Address of New Registered Agent

Name

DAYRON ARGUELLES

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

2903 NE 163RD ST 709

City

N. MIAMI

FL

Zip Code

33160

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 TOP AGENT IS DECEASED

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

Dayron Arguelles 4/14/00

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

TITLE PD
NAME ARGUELLES, DAYRON
STREET ADDRESS 2903 N.E. 163RD STREET, #803
CITY-ST-ZIP NORTH MIAMI FL 33160 709

☐ Delete

TITLE STD
NAME MOLINA, MARISOL
STREET ADDRESS 2903 N.E. 163RD STREET, #803
CITY-ST-ZIP NORTH MIAMI FL 33160 709

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dayron Arguelles 4/14/00 (305) 744-1115



DO NOT WRITE IN THIS SPACE

CR2E034 19/99