## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 16, 2001 8:00 am Secretary of State DOCUMENT # **P97000034202** DEKO TILES & CARPET, INC. 04-16-2001 90014 032 \*\*\*150.00 Mailing Address Principal Place of Business 15499 W. DIXIE HIGHWAY #15 15499 W. DIXIE HIGHWAY #15 NO. MIAMI BEACH FL 33162 NO. MIAMI BEACH FL 33162 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State City & State 65-0743350 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAYNON ARGUELLES SIVERIO. E <del>ተ</del> 70ና 7179 PEMBROKE ROAD PEMBROKE PINES FL 33023 Zip Code 33<u>16</u>る NORTH MIAM 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition ☐ Delete TITLE 2903 NE 163 RD Street # 709 ARGUELLES, DAYRON NAME STREET ADDRESS 2903 N.E. 163RD STREET, #803 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NORTH MIAMI FL 33160** ☐ Addition TITLE TITLE ☐ Delete NE 163 M Street NAME NAME MOLINA, MARISOL STREET ADDRESS STREET ADDRESS 2903 N.E. 163RD STREET, #803 CITY-ST-ZIP CITY-ST-ZIP NORTH: MIAMI: FL 33160 ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 clirector 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. of the corporation or the receiver or trustee e

changed, or on an attachment with

SIGNATURE: