## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTE MAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # **P9700061287** Apr 04, 2000 8:00 am **Secretary of State** DECOR ACTIVE FRAME AND ART, CORP. 04-04-2000 90105 009 \*\*\*150.00 Principal Place of Business Mailing Address 8397 S.W. 147TH PLACE 8397 S.W. 147TH PLACE MIAMI FL 33193 MIAMI FL 33193-1580 межеву 2. Principal Place of Business 3. Mailing Address 14263 5W 101 14263 101 ST 5T Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0767329 MIAMI 十人 MIAMI -FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired **8** 33186 ISA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONTOYA, ALEXANDER Street Address (P.O. Box Number is Not Acceptable) 8397 S.W. 147TH PLACE MIAMI FL 33193 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition □ Delete TITLE TITLE MONTOYA, ALEXANDER MONTOYA, ALEXANDER NAME NAME 14263 SW 101 ST 8397 S.W. 147TH PLACE STREET ADDRESS STREET ADDRESS MIAMI FL 33186 **MIAMI FL 33193** CITY-ST-ZIP CITY-ST-ZIP Addition TITLE VD ☐ Defete TITLE Change STATED MONTOYA, TAIRO NAME MONTOYA, JAIRO NAME 14263 SW 101 ST STREET ADDRESS 8397 S.W. 147TH PLACE STREET ADDRESS CITY-ST-ZIP PL 331 86 CITY-ST-ZIP MIAMI FL 33193 IMAIM Change ☐ Addition ☐ Delete TITLE TITLE 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 topper 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 large empowered.