

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066639

1. Entity Name

DECORATING CONCEPTS OF THE PALM BEACHES, INC.

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90251 011 \*\*\*150.00

Principal Place of Business  
C/O DESPINA DEMETRIOS  
2560 KITTBUCK WAY  
WEST PALM BEACH FL 33411

Mailing Address  
5762 OKEECHOBEE BLVD  
PMB 504  
WEST PALM BEACH FL 33417  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0785049

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEMETRIOS, DESPINA  
2560 KITTBUCK WAY  
WEST PALM BEACH FL 33411

Name

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

City

FL

Zip Code

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) 4-11-01**  
~~After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
DEMETRIOS, JOHN  
2560 KITTBUCK WAY  
WEST PALM BEACH FL 33441

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

33411

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VTS  
DEMETRIOS, DESPINA  
2560 KITTBUCK WAY  
WEST PALM BEACH FL 33411

☐ Delete

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CITY-ST-ZIP

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☐ 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:

*Despina Demetrios*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-01 (561) 687-3939

CR2E034 (10/00)