

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91080 016 \*\*\*150.00

**DOCUMENT # P97000083742**

1. Entity Name  
**ART-TEX DECKING, INC.**

Principal Place of Business

**7430 SW 41 ST  
 UNIT B  
 MIAMI FL 33155**

Mailing Address

**2910 SW 76 AVE  
 MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

**7430 SW 41 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI**

Zip

Country

Zip

Country

**33155**

**FL**

4. FEI Number **65-0785591**

Applied For  
 Not Applicable

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

**MARTINEZ, MARCOS A  
 2910 SW 76 AVE  
 MIAMI FL 33155**

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]*

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, 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	<b>89</b>	<input type="checkbox"/> Delete
NAME	<b>MARTINEZ, MARCOS A</b>	
STREET ADDRESS	<b>2910 SW 76 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, ALEXIS F</b>	
STREET ADDRESS	<b>1065 W 76 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GIGE, LAZARO</b>	
STREET ADDRESS	<b>569 NW 58 CT 581</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Alexis Rodriguez</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>8416 NW 103 ST # 105</b>	
STREET ADDRESS	<b>MIAMI, FL, 33016</b>	
CITY-ST-ZIP	<b>MIAMI, FL, 33016</b>	
TITLE	<b>LAZARO DIAZ</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>569 NW 58 CT</b>	
STREET ADDRESS	<b>MIAMI, FL, 33126</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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]* **MARCOS A MARTINEZ**

**4/05/01**

**305-260-9566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)