

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

4. FEI Number **65-0785591**

Applied For
 Not Applicable

Zip Country

Zip Country
33155 FL

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, 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**

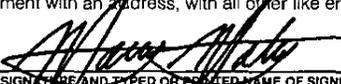
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	89	<input type="checkbox"/> Delete
NAME	MARTINEZ, MARCOS A	
STREET ADDRESS	2910 SW 76 AVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ALEXIS F	
STREET ADDRESS	1065 W 76 ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	T	<input type="checkbox"/> Delete
NAME	GIGE, LAZARO	
STREET ADDRESS	569 NW 58 CT 581	
CITY-ST-ZIP	MIAMI FL 33126	
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	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexis Rodriguez	
STREET ADDRESS	8416 NW 103 ST # 105	
CITY-ST-ZIP	MIAMI, FL, 33016	
TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZARO DIAZ	
STREET ADDRESS	569 NW 58 CT	
CITY-ST-ZIP	MIAMI, FL, 33126	
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:  **MARCOS A MARTINEZ** **4/05/01** **305-260-9566**
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)