


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000047926 1. Entity Name BELLA DECOR, INC.		
Principal Place of Business 4657 SW 71ST AVE MIAMI, FL 33155		Mailing Address 4657 SW 71ST AVE MIAMI, FL 33155
2. Principal Place of Business 9271 SW 68 ST MIAMI FL		3. Mailing Address 9271 SW 68 ST MIAMI FL
Suite, Apt. #, etc. MIAMI FL		Suite, Apt. #, etc. MIAMI FL
City & State 33173 USA		City & State 33173 USA
Zip	Country	Zip
Country	4. FEI Number 65-0841798	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CARRERAS, RAUL JR. 889 PONCE DE LEON BLVD, STE 720 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City State: 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when substituted)</small>		
FILE NO. WITH FEE: \$1,000.00 After MAR 1, 2003 FEE WILL BE \$850.00 Make a Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARRERAS, ROBERTO 4657 SW 71ST AVE MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARRERAS, GLORIA M 4657 SW 71ST AVE MIAMI, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9271 SW 68 ST MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9271 SW 68 ST MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.		
SIGNATURE: <i>Gloria M. Carreras</i> GLORIA M. CARRERAS		Date: 3/27/03
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 669-8384

90066687



CHECK HERE IF MAKING CHANGES

CR2634 (10/02)