

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000061515

1. Entity Name

DECOR STYLE FURNITURE CORPORATION

Principal Place of Business

1470 N.W. 107 AVE. #W  
MIAMI FL 33172

Mailing Address

1470 N.W. 107 AVE. #W  
MIAMI FL 33172-2735

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CLAVERIA, NINA  
10257 N.W. 9TH ST. CIRCLE #201  
MIAMI FL 33172

Name

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

City

4. FEI Number 65-0851592

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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, 2000 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

TITLE P ☐ Delete  
NAME CLAVIERIA, NINA  
STREET ADDRESS 10257 N.W. 9TH ST CIRCLE  
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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12.

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STREET ADDRESS  
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90111 031 \*\*\*150.00

909920



DO NOT WRITE IN THIS SPACE