

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

0215676 AV

DOCUMENT # P98000099298

1. Entity Name
HOME DECOR DESIGN, INC.

03-12-2002 90267 030 ***150.00

Principal Place of Business
269 GIRALDA AVE # 101
CORAL GABLES FL 33134

Mailing Address
269 GIRALDA AVE # 101
CORAL GABLES FL 33134



2. Principal Place of Business

3. Mailing Address
2121 PONCE DE LEON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

240

City & State

City & State
CORAL GABLES, FL

4. FEI Number
65-0878519

Applied For
 Not Applicable

Zip

Country

Zip
33134

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

SANDERS, JOEL
1625 N COMMERCE PARKWAY, SUITE 225
WESTON FL 33326

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 **D** ☒ Delete
 NAME **MARTINHAKI, RAQUEL**
 STREET ADDRESS **499 BRICKELL BAY DR.**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PD** ☒ Change ☐ Addition
 NAME **ATKINS, MARIA E.**
 STREET ADDRESS **NO. 961 CASA 30**
 CITY-ST-ZIP **SAO PAULO, SP CEP 01410-003**

TITLE **VS** ☐ Delete
 NAME **ATKINS, MARIA E**
 STREET ADDRESS **NO. 961 CASA 30**
 CITY-ST-ZIP **SAN PAULO, SP CEP 01410-003**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: ANDERSON **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02 (305) 935-7570
 Date Daytime Phone #

CR2E034 (9/01)