

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035750

1. Entity Name

DECAR CONSULTANTS, INC.

Principal Place of Business

2801 SEGOVIA  
CORAL GABLES FL 33134

Mailing Address

2801 SEGOVIA  
CORAL GABLES FL 33134

2. Principal Place of Business

2655 Le June Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 513

City & State

Coral Gables, FL

City & State

Zip

Zip

Country

USA

Country

USA

6. Name and Address of Current Registered Agent

DE CARDENAS, JORGE  
2801 SEGOVIA  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME DE CARDENAS, JORGE L  
STREET ADDRESS 2801 SEGOVIA  
CITY-ST-ZIP CORAL GABLES FL 33134

☐ Delete

TITLE SD  
NAME DE CARDENAS, LUIS F  
STREET ADDRESS 2801 SEGOVIA  
CITY-ST-ZIP CORAL GABLES FL 33134

☐ Delete

TITLE TD  
NAME DE CARDENAS, JORGE A  
STREET ADDRESS 2801 SEGOVIA  
CITY-ST-ZIP CORAL GABLES FL 33134

☐ Delete

TITLE VD  
NAME DE CARDENAS, MARIA E  
STREET ADDRESS 2801 SEGOVIA  
CITY-ST-ZIP CORAL GABLES FL 33134

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01

Date

Daytime Phone #

FILED  
Mar 12, 2001 8:00 am  
Secretary of State

03-12-2001 90476 046 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)