## 

## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P99000043491

1. Entity Name

DECO FINANCIAL SERVICES, INC.

## FILED Feb 05, 2000 8:00 am Secretary of State

|   |                                       |  |                                    |                           |                            | 02 03 2000 300 11                                 | 055 150.00  |                |
|---|---------------------------------------|--|------------------------------------|---------------------------|----------------------------|---|---|----------------|
| Controlled Flore of Business   12380 Sub 82 Ave   Controlled Flore of Business   12380 Sub 82 Ave   Controlled Flore of Business   Controlled Flore   Controlled Fl  | Principal Plac                        | e of Business  | Mailing Address                    |                           |                            |   |   |                |
| 2. Principal Place of Business 12.38.0 Suns, Apt. 4, etc.  City 6. State  | 17811 SW 152 COURT                    |  |                                    |                           |                            |   |   |                |
| 2. Principal Place of Business 12.3 S D SW 8.7 Ave  | MIAMI FL 33187                        |  | MIAMI FL 33187-7771                |                           |                            | 00010000  |   |                |
| Suite. Apt. #, etc.  Country  3315  |                                       |  |                                    |                           |                            |   | ienie Binier ardia etek ardiā ir                          | PER (181 188)  |
| Suite Apt #, etc.  Suite Apt #,   | 2. Principal P                        | lace of Business   | 3. Mailing Address                 |                           | <del></del>                |   |   |                |
| Chy & State  Country  2/p  Country  33   S. Country  Country  33   S. Country  Country  33   S. Country  Country  Country  Country  Country  35   S. Countries of Status Desired  State and Address of Current Registered Agent  Name  Day D  Street Address of New Registered Agent  Name  Day D  Street Address of New Registered Agent  City  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  After MAY 1, 2000 Fee will be | · · · · · · · · · · · · · · · · · · · | _  |                                    | 82 AV                     |                            | 4 1 <b>05/100</b> 1 119 15/10 18/11 60/11 00/11 0 | i <b>r</b> iis maiti <b>dide</b> a isiti <b>dia</b> la ti | ltår skat sams |
| Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   S8.75 Additional Fee Rodulinary   S8.75 Additional Fee Rodulina  |                                       |  | Suite, Apt. #, etc.                |                           | 7                          | DO NOT WRITE                                      | E IN THIS SPACE   |                |
| September   Sept  | City & Stat                           | e  | City & State                       |                           | 4.                         | FEI Number  | <b>A</b> A  | <u> </u>       |
| Signature of Status Desired Agent   |                                       | <del></del>  |                                    |                           |                            | <u>65-01326</u>                                   |   | ···            |
| S. Name and Address of Current Registered Agent   S. Name and Address of New Registered Agent   Street Address (P.O. Box Number is Not Accoptable)   Street Address (P.O. Box Number is Not Accoptable in the State of Poids (P.O. Box Number is Not Accoptable in the State of Poids (P.O. Box Number   |                                       |  | ' '                                |                           | 5.                         | Certificate of Status Desired                     |   |                |
| TRIANA, YOLANDA Y 1781 SW 152 COURT MIAMI FL 33167  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, hyand or prime norm of registered agent as to 6 ft applicable.  9. This corporation is eligible to satisfy its intangible lar Affing requirement and elects to or so   After MAY 1, 2000 Fee will be \$550.00    After MAY   | <u> </u>                              |  | ·                                  |                           | 7. 1                       | Name and Address of New Re                        | gistered Agent  | -              |
| Street Address   FLO Box Number is Not Acceptable   |                                       |  |                                    | Name .                    | Day                        | D SIGON   | J   | -              |
| MIAMI FL 33187  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 agent and the applicable (MOTE Registered Agent squalure required varian retributing) CATE  9. This corporation is eligible to satisfy its inflampible flax filling requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAWE STREET ADDRESS CHY-ST-2P MIAMI FL 33187  TITLE NAME STREET ADDRESS CHY-ST-2P NAME STREET  |                                       |  |                                    | Street Ac                 |                            |   |   | -              |
| R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Signature, specific or printed same of imputations of imputations of imputations of imputations and elects to do so.  1. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  1. OFFICERS AND DIRECTORS  1. OFFICERS AND DIRECTORS IN 11  TITLE  1. OFFICERS AND DIRECTORS  1. STREET ADDRESS  1. STREET ADDRE  |                                       |  |                                    | -                         |                            |   |   |                |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATURE  SIGNATURE  Signature, types or printed name of registered agent and title it suplicable.  PLE MOWI!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$55.00  Make Check Payable to Department of State  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  Change  Addition  Change  Change  Addition  Change  Addition  Change  Change  Addition  Change  Cha  | MUAN                                  | M FC 33101   |                                    |                           | <u> 380</u>                | <u>SW 82 A</u>                                    | WC  | -              |
| 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, byend or printed have of registered segment, byend or printed have of registered segment, or both, in the State of Florida.    Signature, byend or printed have of registered segment with its split applicable.   (MOTE: Registered Agent segment registered agent, or both, in the State of Florida.    Signature, byend or printed have of registered agent and title if septicable.   (MOTE: Registered Agent segment registered agent, or both, in the State of Florida.    Signature, byend or printed have of registered agent, or both, in the State of Florida.    Signature, byend or printed have of registered agent, or both, in the State of Florida.    Signature, byend or printed have of registered agent, or both, in the State of Florida.    Signature, byend or printed have of registered agent, or both, in the State of Florida.    Signature, byend or printed have of registered agent, or both, in the State of Florida.    Signature, byend or printed have of registered agent, or both, in the State of Florida.    Signature, byend or printed have of registered agent, or both, in the State of Florida.    Signature, byend or printed have of registered agent, or both, in the State of Florida.    Signature, byend or printed have of registered agent.   Signature, by  |                                       |  |                                    | City                      | liam                       |   | FL Zip Coo  | 5,5L           |
| SIGNATURE    Signature   Free provided name of regulatored agent and tire if applicable   (NOTE Registatored Agent tignature requised when reliciatoring)   OATE  | 8. The above                          | named entity submits this statement for  | the purpose of changing its re     | egistered office or       | <del></del>                | ent, or both, in the State of Flor                | ida.  |                |
| 9. This corporation is eligible to satisfy its Intangle   After MAY 1, 2000 Fee will be \$550.00   Trust Fund Contribution.   Special Properties on back)   Trust Fund Contribution.   Special Properties on back   Trust Fund Contribution.   Special Properties on ba                                     |                                       | Day A. Same  |                                    |                           |                            |   | . '   |                |
| 9. This corporation is eligible to satisfy its Intangible (See criteria or back)   Defendence of the continuition is provided to the continuition of the continuition is provided to the continuition of the continuition is provided to the continuition of the continuities of the continuit  | SIGNATURE .                           | Cauca Arman  | ,                                  |                           |                            | <del></del>                                       | - DATE  |                |
| Tax filling requirement and elects to do so.  (See criteria on back)    Change   Saddid to Fees   Saddid to Saddid  |                                       | Signature, typed or printed name of registered agent an  | id title if applicable. (NOTE: i   | Hegistered Agent signatul | re required when re        | anstating)  |   |                |
| See criterian on back)   Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees (See criterian on back)   Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees (See criterian on back)   Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees (See criterian back)   Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees (See criterian back)   Make Change   Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees (See criterian back)   Make Change   Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees (See criterian back)   Make Change   Make Check Payable to Department of State   Trust Fund Contribution.   Added to Fees (Shape Change   Make  | ,                                     |  |                                    |                           | 10. Election Campaign Fina | ancing \$5.0                                      | <b>)0</b> May Be  |                |
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| TRIANA, YOLANDA Y   1781 I SW 152 COURT   |                                       | <del></del>  |                                    | <b>₽</b>                  |                            |   |   |                |
| 17811 SW 152 COURT   MIAMI FL 33187   | NAME                                  |  | <b>A</b>                           | NAME                      | DAV                        | ID SIMON  | • •   |                |
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| 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   |                                       |  |                                    |                           |                            |   |   |                |
|   | 13. I hereby                          | certify that the information supplied with t   | this filing does not qualify for t | he exemption state        | ed in Section              | 119.07(3)(i), Florida Statutes. I                 | further certify that the                                  | information    |

of the corporation or the receiver or trustee empowered to execute this report as required changed, or on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

534-5-76