

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045397

1. Entity Name
DECO STAIRS INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90211 028 ***150.00

Principal Place of Business

**4305 NW 53RD STREET
FT LAUDERDALE FL 33319**

Mailing Address

**4305 NW 53RD STREET
FT LAUDERDALE FL 33319-2908**

2. Principal Place of Business

4304 NW. 58th STREET

3. Mailing Address

4304 NW. 58th Street.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FL.

City & State

FT. LAUDERDALE FL.

4. FEI Number

65-0920668

Applied For

Not Applicable

Zip

33319

Country

US.

Zip

33319

Country

US.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LONGPRE, YVES
4305 NW 53RD STREET
FT LAUDERDALE FL 33319**

7. Name and Address of New Registered Agent

Name **BECHARD ERNEST.**

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

4304 NW. 58th STREET.

City **FT. LAUDERDALE**

FL

Zip Code **33319.**

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]

ERNEST BECHARD.

1/24/2000.

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	D	<input checked="" type="checkbox"/> Delete
NAME	LONGPRE, YVES	
STREET ADDRESS	4305 NW 53RD STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33319	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LONGPRE, ETIENNE	
STREET ADDRESS	4305 NW 53RD STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECHARD ERNEST	
STREET ADDRESS	4304 NW. 58th. STREET.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am empowered.

SIGNATURE:

[Signature] **ERNEST BECHARD Pres.**

1/24/2000

954-1399084

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)