

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90102 016 ***158.75

DOCUMENT # P99000058808

1. Entity Name
BELLE DECOR, INC.



Principal Place of Business
**1075 N.E. 99TH STREET
MIAMI SHORES FL 33138**

Mailing Address
**1075 N.E. 99TH STREET
MIAMI SHORES FL 33138**



2. Principal Place of Business
4100 NE 2nd Ave.

3. Mailing Address
4100 NE 2nd Ave

Suite, Apt. #, etc.
Suite 102

Suite, Apt. #, etc.
Suite 102

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33137 Country
USA

Zip
33137 Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0946277**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ANTONACCI, EDUARDO
4100 NE 2ND AVE., STE.210
MIAMI FL 33137**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	ANTONACCI, EDUARDO	1075 NE 99TH ST.	MIAMI SHORES FL 33138	<input type="checkbox"/>
VICE PRESIDENT	STUART DEBOWSKY	4384 SW 13 Str.	CORAL GABLES FL 33134	<input type="checkbox"/>
VICE PRESIDENT	WILLIAM PLASENCIA	14480 SW 80 Ave	MIAMI FL 33158	<input type="checkbox"/>
DIRECTOR	ANNABELLA BUCHELI	1075 NE 99th Street	MIAMI SHORES FL 33138	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other line empowered.

SIGNATURE: *Eduardo Antonacci* **Pres.** **2-4-03** **786-303-0605**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)