2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 29, 2000 8:00 am
Secretary of State
05-24-2000 90009 033 ***150.00

DOCUMENT # P99000065041

1. Entity Name

ART DECO DRAPERIES, INC.

R

Principal Place of Business	Mailing Address
5201 NORTHWEST 36TH AVENUE MIAMI FL 33140	5201 NORTHWEST 36TH AVENUE MIAMI FL 33142-3228

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5201 NW 36th	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Fla
Zip: 33142 Country	Zip Country

4. FEI Number: 62-1788197 ☐ Applied For ☐ Not Applicable

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
TORCIOS, LESBIA 5201 NORTHWEST 36TH AVENUE MIAMI FL 33140	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TORCIOS, LESBIA 652 SOUTHEAST 8TH STREET HIALEAH FL 33010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TORCIOS, JOSE 652 SOUTHEAST 8TH STREET HIALEAH FL 33010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CASTILLO, GARY 652 SOUTHEAST 8TH STREET HIALEAH FL 33010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: _____ 4/20/00 (305) 6338100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #