

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90006 020 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000065041**

ART DECO DRAPERIES, INC.

00046312

Business Address 3821 NORTHWEST 38TH AVENUE MIAMI FL 33142	Mailing Address 5201 NORTHWEST 36TH AVENUE MIAMI FL 33142
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Apt. #, etc.	3. Mailing Address State, Apt. #, etc.	4. F. Number 62-1788197	Applied For <input type="checkbox"/> Not Applicable
Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent TORCIOS, LESBIA 5201 NORTHWEST 36TH AVENUE MIAMI FL 33140	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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I, 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.

(NOTE: Registered Agent signature required when changing)

9. I certify that I am eligible to satisfy its intangible tax requirement and elects to do so (see back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01	
DP TORCIOS, LESBIA 652 SOUTHEAST 8TH STREET HIALEAH FL 33010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T TORCIOS, JOSE 652 SOUTHEAST 8TH STREET HIALEAH FL 33010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CASTILLO, GARY 652 SOUTHEAST 8TH STREET HIALEAH FL 33010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGN HERE

I certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.03(1), Florida Statutes. I further certify that the information in this report and 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 or authorized representative of the corporation 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 of this report on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR/E034 (10/00)