

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095548

1. Entity Name

Deco Park International

FILED

02 MAY 14 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19800 SW 180th Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33187

Country

Miami-Dade

Zip

Country

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

7. Name and Address of Current Registered Agent

Name: Beatriz E. Fernandez

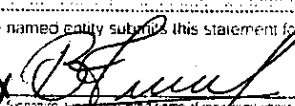
Street Address (P.O. Box Number is Not Acceptable)
19800 SW 180th Ave

City: Miami, FL

Zip Code: 33187

DO NOT WRITE
IN THIS SPACE

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 typed or printed name of registered agent and date of registration

(If filer, who named Agent's signature required when renouncing)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP
P	Jean Paolo Lopez Luza	19800 SW 180th Ave	Miami, FL 33187

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VP	Beatriz E. Fernandez	19800 SW 180th Ave	Miami, FL 33187

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

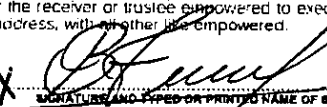
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 507, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with or without being empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 09, 2002

Date

Signature Number

112001

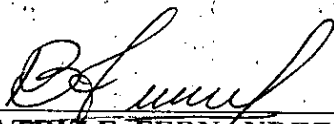
100005610871
-05/27/02--01002--023
****300.00 ****300.00

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$300.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **DECO PARK INTERNATIONAL, INC.**

Thank you for your courtesy in this matter.



BEATRIZ E. FERNANDEZ

✓. **PRESIDENT**