2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # M56519 Feb 13, 2000 8:00 am 1. Entity Name **Secretary of State** ABC PARTY RENTALS, INC. 02-13-2000 90009 024 ***150.00 Principal Place of Business Mailing Address 7850 NW 64TH ST. 7850 NW 64TH ST. MIAMI FL 33166-2706 **MIAMI FL 33166** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2829056 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MELENDEZ, CARLOS Street Address (P.O. Box Number is Not Acceptable) 7850 NW 64TH ST. MIAMI FL 33166 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MELENDEZ, CARLOS STREET ADDRESS STREET ADDRESS 6710 S.W. 134TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAM! FL ☐ Addition ☐ Change **VSD** ☐ Delete TITLE TITLE CALDERON, STEVE NAME STREET ADDRESS STREET ADDRESS 10860 SW 67 COURT CITY-ST-ZIP CITY-ST-7IP MIAMI.FL ☐ Change Addition TITLE -TITLE - - - Delete ---NAME CALDERON, DAVID NAME STREET ADDRESS STREET ADDRESS 8530 SW 149TH AVE #905 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition TITI F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with this fi indicated on this report or supplemental report is frue of the corporation or the receive of trustee empowers changed, or on an attachment

Davtime Phone #