

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M56519

1. Entity Name
ABC PARTY RENTALS, INC.

Principal Place of Business

7850 NW 64TH ST.
MIAMI FL 33166

Mailing Address

7850 NW 64TH ST.
MIAMI FL 33166

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2829056

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

MELENDEZ, CARLOS
7850 NW 64TH ST.
MIAMI FL 33166

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE	PTD	☐ Delete
NAME	MELENDEZ, CARLOS	
STREET ADDRESS	7850 NW 166 ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VSD	☐ Delete
NAME	CALDERON, STEVE	
STREET ADDRESS	6100 MONTGOMERY DRIVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VD	☐ Delete
NAME	CALDERON, DAVID	
STREET ADDRESS	8530 SW 149TH AVE #905	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	☒ Change ☐ Addition
NAME	Melendez, Carlos	
STREET ADDRESS	4511 NW 94 Ct.	
CITY-ST-ZIP	Miami, Fl. 33178	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Steve Calderon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 (305)592-1223

Date

Daytime Phone #

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90024 050 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)