2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M56519 DOCUMENT

1. Entity Name

ABC PARTY RENTALS, INC.

SIGNATURE:



FILED Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90072 039 ***150.00

Daytime Phone #

rincipal Place of Business 850 NW 64TH ST. JIAMI FL 33166		Mailing Address 7850 NW 64TH ST. MIAMI FL 33166									
. Principal Pla	ace of Business	3. Mailing Address				<u> </u>	 	[[i B B			
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. F	59-2829056		Applied For Not Applicable			
Zip	Zip Country Zip		Country			5. Certificate of Status Desired S8.75 Additional Fee Required					
<u> </u>	6. Name and Address of Current	Registered Agent			7. N	Name and Address of New Regist	ered Agent				
			<u>-</u>	_Name						~=	
MELENDEZ, CARLOS				Street Address (P.O. Box Number is Not Acceptable)							
7850 NW 6	BATH ST.		,								
MIAMI FL	33166										
				City			FL Zip	Code			
	named entity submits this statement for	the aurnose of changing its	register	ed office or rea	istered ag	ent, or both, in the State of Florida.	I am familiar v	vith, ar	nd accept		
The above the obligati	named entity submits this statement to lons of registered agent.	or the purpose of changing its	register	od omoc or rog	1010100 09	(SIN)					
(10 obligati		•									
SIGNATURE .	Signature, typed or printed name of registered agent		E: Registere	d Agent signature re	quired when re	einstating)	DATE				
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	of State			,	9. Election Campaign Financia Trust Fund Contribution.			May Be o Fees		
10.	OFFICERS AND		11.		ΑĒ	DDITIONS/CHANGES TO OFFICER	S AND DIREC	TORS	IN 11	- 5	
TITLE NAME STREET ADDRESS	PTD MELENDEZ, CARLOS 4511 NW 94 CT	☐ Delete					☐ Cha	inge	☐ Addition	E034 (10/02	
CITY-ST-ZIP	MIAMI FL 33166	_ 	-		.		☐ Cha	nne	Addition	R	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CALDERON, STEVE 6100 MONTGOMERY DRIVE MIAMI FL 33156	☐ Delete			i		ن ال			(
TITLE	VD	Delete		E			☐ Cha	ange	Addition		
NAME STREET ADDRESS CITY-ST-ZIP	CALDERON, DAVID 8530 SW 149TH AVE #905 MIAMI FL			ME =						-	
TITLE NAME STREET ADDRESS	MAIN 12	☐ Delete		ME REET ADDRESS			☐ Ch	ange	Addition		
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	NA STI	ME REET ADDRESS			☐ Ch	ange	Addition		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TIT NA ST	ME REET ADDRESS IY-ST-ZIP			☐ Ch		Addition		
12. I hereby indicated of the co-	certify that the information surplied we don this report or supplemental report or proportion or the receiver or fusive endings, or on an attachment with an address	th this filing opes not qualify for the sand account and the powered to execute this report, with all the filips empowered the sand that	or the ex my sign rt as required.	emption stated ature shall hav uired by Chapt	I in Section e the same er 607, Flo	n 119.07(3)(i), Florida Statutes. I fur e legal effect as if made under oath orida Statutes; and that my name ap	ther certify tha ; that I am an o pears in Block	t the in officer of 10 or	formation or director Block 11 if	ō	

EQUIRED