## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

## **Secretary of State** P01000004414 DOCUMENT # 1. Entity Name 02-01-2002 90029 033 \*\*\*150.00 KENDALE PARTY RENTAL, INC. Principal Place of Business Mailing Address 12931 SAW 133 COURT 12931 SAW 133 COURT MIAM! FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address 12931 S.W 133rd COURT 12931 S.W 133rd COURT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1067713 MIAMI, FLORIDA Not Applicable MIAMI, FLORIDA Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33186 MIAMI-DADE Fee Required 33186 MIAMI-DADE - 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name ROZO, GLORIA M Street Address (P.O. Box Number is Not Acceptable) 12931 SAW 133 COURT 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE ☐ Delete TITLE ☐ Change Addition VP ROZO, GLORIA M NAME NAME JORGE A MALDONADO CR2E034 12931 SAW 133 COURT STREET ADDRESS STREET ADDRESS 12931 SW 133rd COURT CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP <u>MIAMI FLORIDA 33186</u> TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change — Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CJTY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change F☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE TITLE Change Addition □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

REGLORIAEM) ROZO,

Date

Daytime Phone #

TURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 01, 2002 8:00 am