

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

04-10-2002 90669 022 ***150.00

DOCUMENT # **P01000120967**

1. Entity Name

PARTIES BY RONNIE D, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5777 S. FLAMINGO RD

Suite, Apt. #, etc.

STE 298

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

COOPER CITY

City & State

4. FEI Number

YY-3850381

Applied For

Not Applicable

Zip

33330

Country

BROWARD

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

RONNIE SIEGEL-OLLER

Street Address (P.O. Box Number is Not Acceptable)

6540 MELALEUCA RD.

City

FT LAUDERDALE

FL

Zip Code

33330

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

Ronnie Siegel-Oller

Signature, typed or printed name of registered agent, applicable

(NOTE: Registered Agent signature required when reinstating)

4/2/02

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

P/D
TITLE NAME
RONNIE SIEGEL-OLLER
STREET ADDRESS
6540 MELALEUCA RD.
CITY-ST-ZIP
FT LAUDERDALE FL 33330

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronnie Siegel-Oller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02

DATE

954-931-1187

Define Print #

CR2E034B (12/01)