

**55042896**

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000012526</b> 1. Entry Name <b>E &amp; L PARTY SUPPLY INC.</b>		
Principal Place of Business 2760 W. 84TH ST. BAY 4 HIALEAH, FL 33016		Mailing Address 2760 W. 84TH ST. BAY 4 HIALEAH, FL 33016
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip Country		Zip Country
4. FID Number <b>62-0488546</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SUVERO, EVA 2760 W. 84TH ST. BAY 4 HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent, and title if applicable. NOTE: Registered Agent signature required when submitting)</small>		DATE _____
FEE NOW DUE: \$150.00 FEE PAID: \$0.00 FEE DUE: \$150.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD SUVERO, EVA 2760 W. 84TH ST. BAY 4 HIALEAH, FL 33016	<input type="checkbox"/> Delete	D. Luis D. Suvero Sr. 2760 W. 84th St. Bay # 4 Hialeah, FL 33016
VD SUVERO, LUIS 2760 W. 84TH ST. BAY 4 HIALEAH, FL 33016	<input checked="" type="checkbox"/> Delete	D. Juan Palacios Sr. 6290 W. 24 St. 5-103 Hialeah, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D. Norma Palacios 6290 W. 24 St. 5-103 Hialeah, FL 33016	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D. Rosemary FIGUEROA 6290 W. 24 St. 5-103 Hialeah, FL 33016	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption listed in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Eva Suvero P.</u> <b>EVA SUVERO</b> 4/21/03 (305)		Case No. <b>820-0083</b>



CHECK HERE IF MAKING CHANGES

CORPORATION (10/02)