

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M15370

1. Entity Name

AL SI PARTY SUPPLIES & RENTALS, INC.

Principal Place of Business

10780 W. FLAGLER ST. STE. 12  
MIAMI FL 33174

Mailing Address

10780 W. FLAGLER ST. STE. 12  
MIAMI FL 33174-4403

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

59-2642475

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE LA OSA, CARLOS M.  
8532 S.W. 8 ST.  
SUITE 270  
MIAMI FL 33174

Name

YURAIMA FERNANDEZ  
301 NW 132ND AVE

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

City

MIAMI

FL

Zip Code

33182

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FERNANDEZ, YURAIMA	
STREET ADDRESS	301 NW 132ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	VT	<input type="checkbox"/> Delete
NAME	FERNANDEZ, RODOLFO	
STREET ADDRESS	301 NW 132ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	S	<input type="checkbox"/> Delete
NAME	GARCIA, LAZARA	
STREET ADDRESS	295 WEST 16TH STREET	
CITY-ST-ZIP	HALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90050 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)