

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F73982

1. Entity Name

PARTY PALACE, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90069 019 ***150.00

Principal Place of Business

6615 OVERLAND DRIVE
DELRAY BEACH FL 33484
US

Mailing Address

6615 OVERLAND DRIVE
DELRAY BEACH FL 33484-1502
US

2. Principal Place of Business

1370 N.W. 28th Ave

Suite, Apt. #, etc.

3. Mailing Address

1370 N.W. 28th Ave.

Suite, Apt. #, etc.

City & State

Delray Beach Fl.

City & State

Delray Beach Fl.

Zip

33445

Country

US

Zip

33445

Country

US

4. FEI Number

06-1058818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHULMAN, IRVING
6615 OVERLAND DR
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

Name Irving Schulman

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

1370 N.W. 28th Ave.

City

Delray Beach

FL

Zip Code
33445

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULMAN, IRVING 6615 OVERLAND DRIVE DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DRUCKMAN, KENNETH H 6615 OVERLAND DRIVE DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUCKMAN, SHIRLEY 6615 OVERLAND DRIVE DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULMAN, FRANCES 6615 OVERLAND DRIVE DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Irving Schulman 1370 N.W. 28th Ave Delray Beach Fl. 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frances Schulman 1370 N.W. 28th Ave. Delray Beach Fl. 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irving Schulman

Date

2/2/2000

Daytime Phone #