2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **M96285** Apr 11, 2000 8:00 am Secretary of State PINATA PARTY PRODUCTIONS, INC. 04-11-2000 90171 034 ***150.00 Mailing Address Principal Place of Business 7920 SW 36 TERRACE 7920 SW 36 TERRACE MIAMI FL 33155-3453 MIAMI FL 33155 US 2. Principal Place of Business 3. Mailing Address SAME 11210 SW 62 LANE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0070489 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33/13 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BEATALZ DIAZ, BEATRIZ 7920 SW 36 TERRACE MIAMI FL 33155 4 (AM 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 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) X Make Check Payable to Department of State . ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDENT ☐ Addition ☐ Delete TITLE DIAZ, BEATRIZ TITLE DIAZ, BEATRIZ NAME NAME 11210 SW 62 LANE **7920 SW 36 TERRACE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FC 33173 CITY-ST-ZIP MIAMI FL VICE PRESIDENT Change ☐ Addition ☐ Delete TITLE TITLE DIAZ, GERANDO DIAZ. GERARDO A. NAME NAME 11210 SW 62 CME **7920 SW 36 TERRACE** STREET ADDRESS STREET ADDRESS MIAMI, FL 33173 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.