

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90294 044 ***150.00

DOCUMENT # **P00000056390**

1. Entity Name

Jannel's Party Palace, Inc.

Principal Place of Business

Mailing Address

**18772 NW 79 PL.
 Miami, FL 33015**

C0070407

2. Principal Place of Business

Same
 Suite, Apt. #, etc.

3. Mailing Address

Same
 Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1015969

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Janet Blanco
 18772 NW 79 PL
 Miami, FL 33015**

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

Janet Blanco

(NOTE: Registered Agent signature required when reinstating)

DATE

5/9/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

☒

FILE NOW!

After MAY 1, 2001

Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	Rolando Blanco	
STREET ADDRESS	18772 NW 79 PL	
CITY-ST-ZIP	Miami, FL 33015	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	LESLIE BLANCO	
STREET ADDRESS	18772 NW 79 PL	
CITY-ST-ZIP	Miami, FL 33015	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	Janet Blanco	
STREET ADDRESS	18772 NW 79 PL	
CITY-ST-ZIP	Miami, FL 33015	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	Edith Blanco	
STREET ADDRESS	91 West 43 St.	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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 the 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: **Janet Blanco**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/01

Date

305-829-7884

Daytime Phone #

CR2E034 (1/1/00)