

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90159 003 \*\*\*150.00

**DOCUMENT # P00000064938**

1. Entity Name

**BOMBON PARTY INC.**

Principal Place of Business

**3200 COLLINS AVE  
 STE 93  
 MIAMI BEACH FL 33140  
 US**

Mailing Address

**3200 COLLINS AVE  
 STE 93  
 MIAMI BEACH FL 33140  
 US**

2. Principal Place of Business

**3704 TAPT ST**

Suite, Apt. #, etc.

3. Mailing Address

**3704 TAPT ST.**

Suite, Apt. #, etc.

City & State

**Hollywood Florida**

City & State

**Hollywood Florida**

Zip

**33021**

Country

**USA**

Zip

**33021**

Country

**USA**

4. FEI Number

**65-1022529**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MENASHE, MONICA  
 3200 COLLINS AVE  
 #93  
 MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name

**Menashe Monica**

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

**3704 TAPT ST**

**Hollywood**

City

**Hollywood**

**FL**

Zip Code

**33021**

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

*Monica S Menashe*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04-20-02**

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, 2002 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 **D** ☒ Delete  
 NAME **MENASHE, MONICA**  
 STREET ADDRESS **3200 COLLINS AVE #93**  
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **Menashe, Monica**  
 STREET ADDRESS **3704 TAPT ST**  
 CITY-ST-ZIP **Hollywood Florida 33021**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: *Monica S Menashe*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-20-02 / 954 964-5262**

Date

Daytime Phone #

CR2E034 (9/01)