

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-16-2001 90251 005 ***150.00

DOCUMENT # P00000071768

1. Entity Name

LULY PARTY RENTALS, INC

Principal Place of Business

6200 SW 131 ST CT
 APT 101
 Miami, FL 33183

Mailing Address

6200 SW 131 ST CT
 APT 101
 Miami, FL 33183

2. Principal Place of Business

6522 SW 129 Avenue
 Suite, Apt. #, etc.

3. Mailing Address

6522 SW 129 Avenue
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI-Number

65-1025051

Applied For

Not Applicable

Zip

Country

Zip

Country

33183

33183

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ADOLFO E. IGLESIAS
 12010 SW 97 STREET
 MIAMI, FLORIDA 33186

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

Adolfo E. Iglesias

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, 2001 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: PRESIDENT ☐ Delete
 NAME: JUAN MANUEL POSADA
 STREET ADDRESS: 6200 SW 131 ST CT, Apt 101
 CITY-ST-ZIP: Miami, FL 33183

TITLE: VICEPRESIDENT ☐ Delete
 NAME: LOURDES FERNANDEZ
 STREET ADDRESS: 6200 SW 131 ST CT, Apt 101
 CITY-ST-ZIP: Miami, FL 33183

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 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:
 STREET ADDRESS: 6522 SW 129 Avenue
 CITY-ST-ZIP: Miami, FL 33183

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 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:

Adolfo E. Iglesias
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01 (305) 3876249
 Date Daytime Phone

CR2E034 (11/00)