

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90450 021 ***150.00

DOCUMENT # P00000098154

1. Entity Name

PARTY PARTY EVENTS, INC.

DO NOT WRITE IN THIS SPACE

B0125630

2. Principal Place of Business

2535 SW 9 AVE

Suite, Apt. #, etc.

3. Mailing Address

2535 SW 9 AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL.

City & State

MIAMI FL

4. FEI Number

65-1053222

Applied For

Not Applicable

Zip

33129

Country

Zip

33129

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DEANNA VOLOSIN

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

2535 SW 9 AVE

City

MIAMI

FL

Zip Code
33129

**DO NOT WRITE
IN THIS SPACE**

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 state of domicile.

(NOTE: Registered Agent signature required when changing.)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

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	P	TITLE	
NAME	DEANNA VOLOSIN	NAME	
STREET ADDRESS	2535 SW 9 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL. 33129	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 507, Florida Statutes, and that my name appears in block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/02

308-854-9124

CR2E034B (12/01)

Department of State
Division of Corporation
P. O. Box 1500
Tallahassee, Fl. 32302

Attachment
Document #
P00000098154
B0125630

June 5, 2002.

REF: PARTY PARTY EVENTS, INC.

Gentlemen.

I did not receive a preprinted Uniform Business Report for our corporation so I am enclosing a copy in which I have included all changes, also as I did not know there was a deadline I am hereby asking you to abate the additional fee and accept this form as timely filed.

Thank you for your generosity.



DEANNA VOLOSIN