

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-19-2002 90048 013 ***150.00

DOCUMENT # P01000012014

1. Entity Name
MARIA'S PARTY RENTAL SUPPLY AND FLOWER SHOP INC

Principal Place of Business
13120 NW 11ST TERRACE
MIAMI FL 33182

Mailing Address
13120 NW 11ST TERRACE
MIAMI FL 33182



2. Principal Place of Business
11349 W. FLAGLER ST.
 Suite, Apt. #, etc.

3. Mailing Address
11349 W. FLAGLER ST.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLORIDA
Zip
33174
Country
USA

City & State
MIAMI, FLORIDA
Zip
33174
Country
USA

4. FEI Number **65-1074702** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GUERRERO, MARIA C
13120 NW 11ST TERRACE
MIAMI FL 33182

7. Name and Address of New Registered Agent

Name **GUERRERO, MARIA C.**
Street Address (P.O. Box Number is Not Acceptable)
15486 S.W. 32 TERRACE
City **MIAMI** **FL** **Zip Code** **33185**

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 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D GUERRERO, FERNANDO 13120 NW 11ST TERRACE MIAMI FL 33182 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD GUERRERO, MARIA C 13120 NW 11ST TERRACE MIAMI FL 33182 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRERO, FERNANDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15486 S.W. 32 TER. MIAMI, FLORIDA 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD GUERRERO, MARIA C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15486 S.W. 32 TER. MIAMI, FL. 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED (FERNANDO GUERRERO) **4/22/02** **305-553-0041**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)