2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 02, 2002 8:00 am Secretary of State

DOCUMENT # P0100039247 1. Enlity Name						04-29-2002 90133 028 ***150.00					
PARTY (CLUB SER	VICES, INC.									
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1	ce of Business	•	Mailing Address								
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Suite, Apt.	#, etc		Suite: Apt=#; eto:		-		-DO NOT WRITE	IN THIS S	PACE		_
City & State			City & State			4. F	FEI Number		. T A	pplied For	7
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Zip	ľ	Country	Zip	Coun	itry	5. 0	Certificate of Status Desired		\$8.75 Ad See Requir		
	6. Name a	and Address of Current Re	gistered Agent	≕a .		7N	lame and Address of New Re				┧_
54445	A 1/41/504 5		·		Name						
	s, vanesa p / 1 34 place		•		Street Address	s (P.O. B	lox Number is Not Acceptable))		•	
MIAMI FL		•									7
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8. The above	named entity	submits this statement for th	ne purpose of changing its	register	ed office or regist	tered ag	ent, or both, in the State of Flor	ida.			
8. The above											
SIGNATURE	Signature, typed or	printed name of registered agent and	title if applicable. (NOTE	: Registere	d Agent signature requir			DATE			
SIGNATURE	Signature, typed or	printed name of registered agent and	ule # applicable. (NOTE	: Registere	d Agent signature requir	red when re	10. Election Campaign Fina	DATE		O May Be	
SIGNATURE _9,_This corp Tax filing	Signature, typed or	printed name of registered agent and	title if applicable. (NOTE	: Registere !!-FEE: 12 Fee	d Agent signature requir :IS-\$150:00 will be \$550.00	red when re	instating)	DATE		00 May Be	
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13. I hereby certify that the information supplied with this filling 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 leport 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 of true and accurate 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

PATED ON PRINTED NAME OF SKINING OFFICER OR DIRECTOR

()3/10/02

Deytima Phone #