2002 Uniform Business Report (UBR)

Apr 17, 2002 8:00 am Secretary of State P01000075570 DOCUMENT # 1. Entity Name 04-17-2002 90058 009 ***150.00 CARROUSEL PARTY RENTAL AND AMUSEMENTS, INC. Principal Place of Business Mailing Address 27577 S DIXIE HWY 27577 S DIXIE HWY HOMESTEAD FL 33033 HOMESTEAD FL 33033 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AGUILERA, INOCENCIO Street Address (P.O. Box Number is Not Acceptable) 27577 S DIXIE HWY HOMESTEAD FL 33033 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWLY, FEE IS \$150.00 After May 1, 2002/Fee will be \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Inocencio Aquilera CR2E034 (9/01) TITLE Delete TITLE Addition AGUILERA, INOCENCIO NAME NAME 27577 S. Dixie Hwy Naranger, FL 33032 21405 SW 236 ST STREET ADDRESS STREET ADDRESS **HOMESTEAD FL 33031** CITY-ST-ZIP CITY-ST-ZIP D۷ ☐ Delete TITLE ☐ Change Addition TITLE ORTEGA, MARTHA NAME NAME STREET ADDRESS 27577 S DIXIE HWY STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33033 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 registee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with