2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P01000080857 **DOCUMENT #**



FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90149 004 ***150.00

ADELUZ PARTY & DECORATIONS, INC.									04-2	5-2003 9	01 42 00-	+ 150	.00
Principal Place of Business 360 NW 114TH AVE #104 MIAMI FL 33172			360 1	Mailing Address 360 NW 114TH AVE #104 MIAMI FL 33172					F il og (4 60 (1)		88 40 8408 410		0.81111 10.084 19.001
2. Principal F	Place of Busin	ness	3. Ma	iling Address		<u>.</u>							
Suite, Apt.	. #, etc.		Suit	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City	City & State				4. FEI Number 65-1130663			 	oplied For ot Applicable	
Zip	ip Country			p Country			_					8.75 Additional ee Required	
6. Name and Address of Current Registered Agent								7. Name a	and Address	of New Re	gistered A	gent	
	_					Name	1						
MOLINA, JULIO 360 NW 114TH AVE #104					ļ	Street Ac	ddress (P.	D. Box Nur	mber is Not A	cceptable)			
MIAM1 FL	33172							. ,		. .			
<u>. </u>		7. · · · · · · · · · · · · · · · · · · ·				City					FL	Zip Cod	
	e named entity tions of regist	y submits this statemen ered agent.	t for the purp	oose of changing its	registered	d office or	registered	l agent, or	both, in the S	State of Flori	da. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered ag	ent and title if app	olicable. (NOTE	:: Registered	Agent signatu	re required w	nen reinstating)		DATE		
F	II E NOW!!	1 FEE IS \$150.00						- T					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					ے ہے۔	_	-	1					
Afte	r May 1, 200	3 Fee will be \$550.0		<u> </u>			-	9.	Election Can Trust Fund C	, .	~ —		0 May Be I to Fees
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ABE REQUIRED

<u> 305-226-6861</u>

CR2E034 (10/02)