

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90113 036 ***150.00

DOCUMENT # P01000103625

1. Entity Name
FESTIVITY, CORP.

Principal Place of Business
782 NW 42 AVE STE 637
MIAMI FL 33126

Mailing Address
782 NW 42 AVE STE 637
MIAMI FL 33126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10826 NW 113 PL

3. Mailing Address
6943 NW 113 PL

Suite, Apt. #, etc.
Miami, FL

Suite, Apt. #, etc.

City & State

City & State
Miami, FL

4. FEI Number
65-1150405

Applied For
Not Applicable

Zip
33178

Country
USA

Zip
33178

Country
USA

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

6. Name and Address of Current Registered Agent

MAZZA-MARTINEZ, TANIA A
782 NW 42 AVE STE 637
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name **Amanda Amortegui**
Street Address (P.O. Box Number is Not Acceptable) **6943 NW 113 PL**
City **Miami** **FL** **Zip Code** **33178**

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 *Amanda Amortegui*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/07/02
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|-----------------------|------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | AMORTEGUI, AMANDA | |
| STREET ADDRESS | 782 NW 42 AVE STE 637 | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | AMORTEGUI, ALVARO | |
| STREET ADDRESS | 782 NW 42 AVE STE 637 | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | AMORTEGUI, JANNETH | |
| STREET ADDRESS | 782 NW 42 AVE STE 637 | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GALARRAGA, ANGEL | |
| STREET ADDRESS | 782 NW 42 AVE STE 637 | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HERRERA, YOLANDA | |
| STREET ADDRESS | 782 NW 42 AVE STE 637 | |
| CITY-ST-ZIP | MIAMI FL 33126 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HERRERA, EMMA | |
| STREET ADDRESS | 782 NW 42 AVE STE 637 | |
| CITY-ST-ZIP | MIAMI FL 33126 | |

| | | |
|-----------------------|---------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Galarrraga, Miguel Angel | |
| STREET ADDRESS | 782 NW 42 Av. Ste. 637 | |
| CITY-ST-ZIP | Miami, FL, 33126 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 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: *Amanda Amortegui*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/02 (305) 468-0294
 Date Daytime Phone #

CR2E034 (9/01)