

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90674 038 ***150.00

05/29/02
 A1

DOCUMENT # P01000120496

1. Entity Name
EVENTS & CELEBRATIONS, INC.

Principal Place of Business

**1695 ORCHID BEND
 WESTON FL 33327**

Mailing Address

**1695 ORCHID BEND
 WESTON FL 33327**

2. Principal Place of Business

1695 Orchid Bend

Suite, Apt. #, etc.

3. Mailing Address

1695 Orchid Bend

Suite, Apt. #, etc.

City & State

Weston, Florida

City & State

Weston, FL

4. FEI Number

01-0588946

Applied For

Not Applicable

Zip

Country

33327

USA

Zip

Country

33327

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**IBRAHIM, ODALYS M
 782 NW LE JEUNE RD STE 444
 MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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 **DP** ☐ Delete
 NAME **URIBE, XIMENA**
 STREET ADDRESS **1695 ORCHID BEND**
 CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE (REQUIRED)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 15, 2002 954-385-7092

Date

Daytime Phone #

CR2E034 (9/01)



Attachment
#PO1000120496
#116361

1695 Orchid Bend
Fort Lauderdale, FL 33327

Phone: (954) 385-7092
Fax: (954) 389-9814
email: eventsce1@aol.com

May 15/02

Dear Sir-Madam:

Enclose please find a check for
\$150⁰⁰. I am sending it a little late
because I didn't know I still have to
send it even if I have not make any
money yet. I am starting my own business
and getting every thing ready.

Thank you very much,

Ximena Vil

PS: Please let me know if you need any thing
else from me. Thank you.