

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90082 023 ***150.00

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DOCUMENT # P02000010683

1. Entity Name

HELIUM & BALLOONS WHOLESALER INC.



Principal Place of Business

**1005 N.W. 119 ST.
NORTH MIAMI FL 33168**

Mailing Address

**1005 N.W. 119 ST.
NORTH MIAMI FL 33168**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0607905

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUSSAIN, ZUBAIR
1005 N.W. 119 ST.
NORTH MIAMI FL 33168**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
HUSSAIN, ZUBAIR
1005 N.W. 119 ST.
NORTH MIAMI FL 33168**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/03

Date

(786) 486-8066

Daytime Phone #

CR2E034 (4/03)

Attachment
90155861
002000010083

9-9-03

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX. 1500
TALLAHASSEE, FL-32302-1500

TO WHOM IT MAY CONCERN

THIS IS TO INFORM YOU THAT THE
CORPORATION DID NOT RECEIVE THE
PRIOR NOTICE. YOU ARE KINDLY REQUESTED
TO WAIVE THE LATE FEE AND ACCEPT
THE ORIGINAL \$150.00 FILING FEE.

THANKING YOU.



(ZUBAIR HUSSAIN)

HELIOX & BALLOONS WHOLESALER, INC.