

FILED  
Jun 12, 2003 8:00 am  
Secretary of State

05-01-2003 90407 028 \*\*\*150.00

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000122074

1. Entity Name  
INKREDIBLE BALLOON PRINTING, INC.



55047799

Principal Place of Business  
3161 SW 116 AVE  
DAVIE FL 33330  
US

Mailing Address  
3161 SW 116 AVE  
DAVIE FL 33330  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

11-3665207

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZADAK, AMEE M  
3161 SW 116 AVE  
DAVIE FL 33330

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

*Amee Zadak*

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

(NOTE: Registered Agent signature required when relinquishing)

4-12/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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-STATE-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|-----------------|----------------|---------------------------------|
| Owner | Lorenzo Rodriguez | 3161 SW 116 Ave | Davie FL 33330 | <input type="checkbox"/>        |
| Owner | Richard Zadak     | 3161 SW 116 Ave | Davie FL 33330 | <input type="checkbox"/>        |
|       |                   |                 |                | <input type="checkbox"/>        |
|       |                   |                 |                | <input type="checkbox"/>        |
|       |                   |                 |                | <input type="checkbox"/>        |
|       |                   |                 |                | <input type="checkbox"/>        |
|       |                   |                 |                | <input type="checkbox"/>        |

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|----------------|---------------------------------|-----------------------------------|
|       |      |                |                | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                | <input type="checkbox"/>        | <input type="checkbox"/>          |

2003 FMA (1/0/02)

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:

*Richard Zadak*

Signature and typed or printed name of signing officer or director

4/15/03

DATE

Daytime Phone