

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P20360

FILED  
Feb 13, 2002 8:00 AM  
Secretary of State

Entity Name: MYSTERY PARY ARTS COMPANY, INC.

## Current Principal Place of Business:

7112 SW 110 TH AVE  
MIAMI, FL 33173 US

## New Principal Place of Business:

1560 JEFFERSON AVENUE  
MIAMI BEACH, FL 33193 US

## Current Mailing Address:

5V HIBBEN APT.  
PRINCETON, NJ 08540 US

## New Mailing Address:

5V HIBBEN FACULTY ROAD  
PRINCETON, NJ 08540 US

FEI Number: 13-3462092

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANFRINO, CARRIE  
7112 SW 110 TH AVE  
MIAMI, FL 33173 US

## Name and Address of New Registered Agent:

NEEDLE, MARK D  
1560 JEFFERSON AVENUE  
MIAMI, FL 33193 US

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: MARK D. NEEDLE

02/13/2002

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KIEVMAN, CARSON,  
Address: 300 OLD FORGE RD  
City-St-Zip: MILLINGTON, NJ

Title: ST ( ) Delete  
Name: MANFRINO, CARRIE,  
Address: 7112 SW 110 TH AVE  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: GUARDINO, ANTHONY V.,  
Address: 1504 SHEEPSHEAD BAY  
City-St-Zip: BROOKLYN, NY

Title: D ( ) Delete  
Name: ANSARI, ISHRAT,  
Address: 32 JONES ST.  
City-St-Zip: NEW YORK, NY

Title: D ( ) Delete  
Name: GELFAND, JACK  
Address: PRINCETON UNIVERSITY, DEPT OF PSYCHOLOGY 1  
City-St-Zip: PRINCETON, NJ 08544

Title: D ( ) Delete  
Name: PRESENTI, PAOLA ARTURO  
Address: 548 WESTERN WAY  
City-St-Zip: PRINCETON, NJ 08540

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: NEEDLE, MARK D  
Address: 1560 JEFFERSON AVENUE  
City-St-Zip: MIAMI BEACH, FL 33193

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARSON KIEVMAN

P

02/13/2002

Electronic Signature of Signing Officer or Director

Date