2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UB

P93000036516 **DOCUMENT #**

1. Entity Name

BALLOONS ON THE BEACH, INC.



FILED

R)	Apr 28, 2003 8:00 am
	Secretary of State 04-28-2003 91431 017 ***150.00

Principal Place of Business 1450 LINCOLN RD 406 MIAMI BEACH FL 33139 US 2. Principal Place of Business		1450 406 Miami US	MIAMI BEACH FL 33139						
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City	City & State		4. 8	65-0411628	⊢	pplied For ot Applicable	
Zip	Country	Zip		Country	5. (Certificate of Status Desired	\$9.75 Ad	ditional	
	6. Name and Address of Curre	ent Registere	d Agent		7. N	Name and Address of New Registe	ered Agent		
GREENE, CYNTHIA L 9150 SW 87 AVE 7340 SW 64C+ STE. 200 MIAM, FL 33176 MIAM, FL 33143				Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
MIAMIFE 33176 MIAM, FL			3143	City			FL Zip Coo	le	
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 \$150.00									
After	May 1, 2003 Fee will be \$550. Payable to Florida Department					 Election Campaign Financing Trust Fund Contribution. 		00 May Be d to Fees	
10.		ND DIRECTO	RS	11.	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LENETT, SARAH M 1450 LINCOLN ROAD #406 MIAMI BEACH FL 33139		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			∵ ☐ Change	☐ Addition	
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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: