

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90130 027 ***150.00

DOCUMENT # P93000051249

1. Entity Name

THE PARTY SUPERMARKET FRANCHISING SYSTEMS, INC.

Principal Place of Business

**700 E OAKLAND PARK BLVD
 FT LAUDERDALE FL 33334**

Mailing Address

**700 E OAKLAND PARK BLVD
 FT LAUDERDALE FL 33334-2748**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0433625

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KORNBLUTH, LAWRENCE
 700 E OAKLAND PARK BLVD
 FT LAUDERDALE FL 33334**

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	KORNBLUTH, RUTH	3611 N 52ND AVE	HOLLYWOOD FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
ST	KORNBLUTH, LAWRENCE	3611 N 52ND AVE	HOLLYWOOD FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V	COLLINS, PAUL	3900 N 39TH AVE	HOLLYWOOD FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
V	HOLTZ, AMY	301 N ALMURESSOR RD	DEPTFUEL NJ	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
CFD	KONNERS, BRUCE	1560 NW 96TH AVE	PLANTATION FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)