


FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90053 040 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000047905

1. Corporation Name

U.S. TENT & EVENT INTERNATIONAL, INC.

Principal Place of Business

12164 S.W. 131 AVE., #8
MIAMI FL 33186

Mailing Address

12164 S.W. 131 AVE., #8
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1995

4. FEI Number

65-0588839

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fees Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

HARTMANN, JEFFREY J.
12164 SW 131 AVENUE
SUITE 8
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name	Dorothy L. O'Shields		
82 Street Address (P.O. Box Number is Not Acceptable)	12164 SW 131 AVE		
83 Suite	Suite 8		
84 City	FL	85 Zip Code	33186

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Dorothy L. O'Shields

President

3/19/99

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	HARTMAN, JEFFREY J	
STREET ADDRESS	12164 S.W. 131 AVE., #8	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	O'SHIELDS, DOROTHY L	
STREET ADDRESS	12164 SW 131 AVE #8	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PHARES, ISAAC JR	
STREET ADDRESS	12380 SW 191 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SM	<input type="checkbox"/> DELETE
NAME	PHARES, TERESA	
STREET ADDRESS	12380 SW 191 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Dorothy O'Shields L.	
1.3 STREET ADDRESS	12164 SW 131 AVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33186	
2.1 TITLE	VTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HARTMANN, Jeffrey	
2.3 STREET ADDRESS	12164 SW 131 AVE	
2.4 CITY-ST-ZIP	MIAMI, FL 33186	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Dorothy L. O'Shields

1/13/99

3057
232-4022

Date

Daytime Phone #

CR2E034 (1/199)