

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90196 035 ***150.00

DOCUMENT # P96000053200

1. Entity Name

THE PERFECT PARTY PLACE, INC.

Principal Place of Business

13063 SW 112TH STREET
 MIAMI FL 33186
 US

Mailing Address

13063 SW 112TH STREET
 MIAMI FL 33186
 US

00129466



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0681631**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

EDWARD H. DAVIS, JR., P.A.
200 S BISCAYNE BLVD
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE **DPT** ☐ Delete
 NAME **DAVIS, KATERI M**
 STREET ADDRESS **8390 SW 160TH ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE **S** ☐ Delete
 NAME **DAVIS JR, EDWARD H**
 STREET ADDRESS **777 BRICKELL AVE STE #000 - 200 S Biscayne Blvd.**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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CR2E034 (4/02)

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 OF KATERI M DAVIS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/02

Date

305-387-7477

Daytime Phone #



Attachment
P96000053200
B0129466

"All the fun without the hassle."

July 8, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Madam or Sir:

On May 1, 2002 I mailed my Uniform Business Report with check #4177 in the amount of \$150.00 to your offices. On July 5, 2002 I received another copy of the UBR to fill out stating that the fee is now \$550. I telephoned your offices today and informed one of your employees of the situation. I had also told her that the check had not been cashed which leads me to believe that your office had never received it. She had suggested that I fill out this new form and enclose another check in the amount of \$150.00. I will also stop payment on the previous check.

Thank you for your assistance and I apologize for any inconvenience. Please feel free to contact me at 305-387-7477 if you have any questions.

Sincerely,


Kateri M. Davis
President