

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-05-2003 90709 033 ***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	
2. Principal Place of Business Same		3. Mailing Address 13063 SW 112 St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		4. FEI Number 65-0681631	
Zip		Applied For <input type="checkbox"/> Not Applicable	
Country		5. Certificate of Status Desired <input type="checkbox"/> \$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: MARY ANN OJEDA PETRAKIS Street Address (P.O. Box Number is Not Acceptable): 13063 SW 112 St. City: miami FL Zip Code: 33186	
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: <i>Mary Ann Ojeda Petrakis</i> DATE: 05/29/03 <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agents signature required when relinquishing)</small>			
FEE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DAVIS, KATERI M 8390 SW 180TH ST MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY ANN PETRAKIS 13063 SW 112 street miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS JR, EDWARD H 200 S BISCAYNE BLVD MIAMI FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christina Ojeda 13063 SW 112 street miami, FL 33186
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
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
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
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
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: <i>Mary Ann Ojeda Petrakis</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (10/02)