

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056183

1. Entity Name
PARTY OUTLET OF BREVARD, INC.



Principal Place of Business
3453 W NEWHAVEN
W MELBOURNE FL 32904
US

Mailing Address
4833 OKEECHOBEE BLVD
SUITE 103
WEST PALM BCH FL 33417
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01/27/03 80504 001 150.00
☐ CHECK HERE IF MAKING CHANGES 03

4. FEI Number 65-0691397

Applied For
Not Applicable

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

ALVAREZ, BONNIE L
15141 71ST DR N
PALM BCH GARDENS FL 33418

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

FILE 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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	ALVAREZ, BONNIE L		
4833 OKEECHOBEE BLVD SUITE 103			
WEST PALM BEACH FL 33417			
VD	CALDWELL, DEBORAH H		
4833 OKEECHOBEE BLVD SUITE 103			
WEST PALM BEACH FL 33417			
TD	LEVINE, AARON		
4833 OKEECHOBEE BLVD SUITE 103			
WEST PALM BEACH FL 33417			
SD	LEVINE, LORRAINE		
4833 OKEECHOBEE BLVD SUITE 103			
WEST PALM BEACH FL 33417			

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:

Bonnie Alvarez Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

561-683-3000

CR2E034 (10/02)

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FILED

03 JUN 30 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA