

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90131 017 ***150.00

DOCUMENT # P97000020919			
1. Entity Name PARTY FESTA CORP.			
Principal Place of Business 14345 SW 57 LANE MIAMI, FLORIDA 33183		Mailing Address 14345 SW 57 LANE MIAMI, FLORIDA 33183	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0733234		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNY CASTANEDA 14345 SW 57 LANE MIAMI, FLORIDA 33183		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. SIGNATURE: <i>[Signature]</i> DATE: 04/25/01 (NOTE: Registered Agent signature required when reinstating)			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P JOHNY CASTANEDA 14345 SW 57 LANE MIAMI, FLORIDA 33183 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP NANCY CASTANEDA 14345 SW 57 LANE MIAMI, FLORIDA 33183 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(u), 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 a power of attorney.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 04/25/01 (305) 225-2786 Official Phone #	

CR2E034 (11/00)