04/25/2002 11:14 3052628977 PROFESSIONAL

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May 10, 2002 8:00 am
Secretary of State
05-10-2002 90056 046 ***150.00

653354

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000020919

1. Entity Name: PARTY FESTA CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
14345 SW 57 LANE		14345 SW 57 LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI FLORIDA		City & State: MIAMI FLORIDA	
Zip: 33183	Country: USA	Zip: 33183	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0733234 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name: JOHNY CASTANEDA

Street Address (P.O. Box Number is Not Acceptable): 14345 S.W. 57 LANE

City: MIAMI FL Zip Code: 33183

DO NOT WRITE IN THIS SPACE

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: [signature] 04/24/02

(NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy the intangible tax filing requirement and elects to do so (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	P
NAME	JOHNY CASTANEDA
STREET ADDRESS	14345 SW 57 LANE
CITY-ST-ZIP	MIAMI FLORIDA 33183
TITLE	VP
NAME	NANCY CASTANEDA
STREET ADDRESS	14345 SW 57 LANE
CITY-ST-ZIP	MIAMI FLORIDA 33183
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone