

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043239

1. Entity Name

PRETTY-PRETTY COSTUMES CORPORATION

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90001 017 ***150.00

Principal Place of Business

400 S.W. 133RD PLACE
MIAMI FL 33184

Mailing Address

400 S.W. 133RD PLACE
MIAMI FL 33184-1131

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

65-0835160

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

CARBALLOSA, AIDA
400 S.W. 133RD PLACE
MIAMI FL 33184

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

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARBALLOSA, AIDA 400 S.W. 133RD PLACE MIAMI FL 33184 <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	TD CARBALLOSA, JULIO 400 S.W. 133RD PLACE MIAMI FL 33184 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

Aida Carballosa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-2000 305-220 0168

Date

Daytime Phone #

CR2E034 (9/99)

DOU80179

8/16/2020

Dear Sir:

I just spoke to you
and you said to write a letter why
I did not paid on time.

The truth was I did not
have the money when I receive the
bill, but I overlook that is has a
deadline.

that is why I am asking to
please accep the 150⁰⁰ now, because
550 I don have, I work very hard
but business ha not been good this
pas months.

I Thank you very much

God Bless you All

Gilda Castillon

