

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90070 011 ***158.75

DOCUMENT # P98000044038

1. Entity Name
PARTY PARADISE, INC.

Principal Place of Business

~~2242 NO. CONGREE AVENUE~~
~~BOYNTON BEACH FL 33426~~

PARTY PARADISE

6252 SOUTH CONGRESS AVENUE
LANTANA, Florida 33462
(561) 735-0011

125490



2. Principal Place of Business

6252 So. Congress Ave

3. Mailing Address

6252 So. Congress Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LANTANA, FL

City & State

LANTANA, FL

4. FEI Number

65-0848155

Applied For

Not Applicable

Zip

33462

Country

USA

Zip

33462

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, MARIA L

~~2242 NO. CONGREE AVENUE~~
~~BOYNTON BEACH FL 33426~~

CHANGE of ADDRESS →

Name

Street Address (P.O. Box Number is Not Acceptable)

6252 So. Congress Avenue

City

LANTANA

FL

Zip Code

33462

7. Name and Address of New Registered Agent

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

X Maria L Vazquez

(NOTE: Registered Agent signature required when reinstating)

X 1/18/02

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, 2002 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

TITLE	PST	<input type="checkbox"/> Delete
NAME	VAZQUEZ, MARIA L	
STREET ADDRESS	2242 NO. CONGREE AVENUE	<i>CHANGE ADDRESS</i>
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6252 So. Congress Avenue	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

X Maria L Vazquez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1/18/02

Date

(561) 969-6875

Daytime Phone #

11/01/02 10:04 AM