

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # *P99000084532*

1. Entity Name
Celebrations Catering and Party Services

03 JAN 27 PM 3:57

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400009756294
12/31/02--01014--014 **750.00

REINSTATEMENT 02
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1375 NW 97 Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Bay 2

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEI Number

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Sonia Alfaro

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

853 NW 133 St

City

MIAMI

FL

Zip Code

33182

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

12/11/02

9. This corporation is eligible to satisfy its 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

*Sonia Alfaro
President / T/D
853 NW 133 St
MIAMI, FL 33182*

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/02

Date

Daytime Phone #

(305) 406-9499

CR2E034B (12/01)

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000031917 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : WEB ACCESS TV COMMUNICATIONS INC.
Account Number : T20000000160
Phone : (305)826-9005
Fax Number : (305)826-9597

RECEIVED
03 JAN 27 AM 8:20
DIVISION OF CORPORATION

LIMITED PARTNERSHIP REINSTATEMENT

CENTRES SHAW LIMITED PARTNERSHIP

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,291.25

FILED
03 JAN 27 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA