FILED
Jun 19, 2003 8:00 am
Secretary of State
04-23-2003 90170 003 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104671

1. Entity Name
My Party Rental INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15525 SW 209 AVE	15525 SW 209 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
MIAMI	
City & State: FL	City & State: MIAMI FL
Zip: 33187 Country:	Zip: 33187 Country:

4. FEI Number: 65-0883096 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: AMORE LAWYER

Street Address (P.O. Box Number is Not Acceptable): 343 ALHAMBRA AVE

City: CORAL GABLES FL Zip Code: 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ Date: _____

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	Melvin Ellis
STREET ADDRESS	15525 SW 209 AVE
CITY-ST-ZIP	MIAMI FL 33187
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: _____

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

55049255

Attachment Doc# P98000104671

MY PARTY RENTAL
15525 SW 209 AVE
MIAMI, FL 33187

11009598

518

050094544 0322 1509 04 05-02-03

63-8017/2670
BRANCH 17

Date 4-21-03

Pay to the Order of Fl Dept of State $ 150 00/100

One hundred fifty dollars Dollars

Eastern Financial Florida Credit Union

For

⑆267080177⑆1093376740005⑈ 0518 ⑈0000015000⑈

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 1009098706
2392 APR 23 2003

050094544 05-02-03
050094544
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PAID
CK NO 518 DATE 4-21-03

P98000104671