

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2000 8:00 am
Secretary of State
 07-25-2000 90120 001 ***450.00

DOCUMENT # P99000002482

1. Entity Name

PARTY JAMZ OF COCONUT GROVE, INC.

R

Principal Place of Business

C/O DEAN A. NASH
 719 EUCLID AVE. APT. 5
 MIAMI BEACH FL 33139

Mailing Address

C/O DEAN A. NASH
 719 EUCLID AVE. APT. 5
 MIAMI BEACH FL 33139

2. Principal Place of Business

2484 SW 17 AVE.

3. Mailing Address

2484 SW 17 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

MIAMI FL

Zip

33145

Country

USA

Zip

33145

Country

USA

4. FEI Number

65-0886892

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PATRICK, MARTY ESQ.
 1141 KANE CONCOURSE
 BAY HARBOR ISLANDS FL 33154**

7. Name and Address of New Registered Agent

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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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 **D** ☐ Delete
 NAME **NASH, DEAN A**
 STREET ADDRESS **719 EUCLID AVE. APT. 5**
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **NASH, DEAN A.**
 STREET ADDRESS **2484 SW 17 AVE.**
 CITY-ST-ZIP **MIAMI FL 33154**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/00
 Date

305-854-8834
 Daytime Phone #