2000 UNIFORM BUSINESS REPORT (UBR)

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

\mathtt{FILED} DOCUMENT # P9900002486 Jul 25, 2000 8:00 am **Secrétary of State** PARTY JAMZ OF NORTH MIAMI, INC. 07-25-2000 90120 001 ***450.00 Principal Place of Business Mailing Address C/O DEAN A. NASH C/O DEAN A. NASH 719 EUCLID AVE. APT. 5 719 EUCLID AVE. APT. 5 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address 2484 50 2484 5w 17 17 Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0886893 City & State City & State Applied For MIGMI MIAM Not Applicable Zip 33145 Country Country \$8,75 Additional 5. Certificate of Status Desired 32145 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATRICK, MARTY ESQ. Street Address (P.O. Box Number is Not Acceptable) 1141 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154 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 DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D ☐ Change ☐ Addition TIT) F TITLE ☐ Delete NAME NASH, DEAN A NAME STREET ADDRESS 719 EUCLID AVENUE APT. 5 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-7IP ☐ Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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11645 BISCAYNE BOULEVARD SUITE 306C

NORTH MIAMI, FL 33181

LESLIE E. DOLIN PA, CPA

Phone 305-893-4333 Fax 305-891-3320

July 21, 2000

Department Of State Annual Report Filings Division Of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Party Jamz International Inc.
Party Jamz of Coconut Grove, Inc.
Party Jamz of North Miami, Inc.
2484 SW 17 Ave.
Miami, FL 33145

Dear Sirs:

Please find enclosed the 2000 Annual Reports for the above corporations along with a check for \$450.

Will you kindly waive the late filing penalties as the corporations moved several months ago, never received the original notices mailed in January, and only last week received the second notice forms. See the forwarding labels attached on your mailing transmittal sheets which are also enclosed.

If there is any further information that you require please advise me.

Thank you for your cooperation and consideration in this matter.

Very truly yours,

LESLIE E. DOLIN, C.P.Ă

For the Company

cc: Dean Nash, President