

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000055113**1. Entity Name
CELEBRATION DOT FUN, INC.

Principal Place of Business

5397 NW 105 CT

MIAMI
33178

FL

Mailing Address

5397 NW 105 CT

MIAMI
33178

FL

2. Principal Place of Business

11865 CORAL WAY

Suite, Apt. #, etc.
SUITE J2City & State
MIAMI

FL

Zip
33175

Country

3. Mailing Address

11865 CORAL WAY

Suite, Apt. #, etc.
SUITE J2City & State
MIAMI

FL

Zip
33175

Country

4. FEI Number

65-0927725

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CANTERA EDUARDO ESQ
1762 CORAL WAYMIAMI
33145

FL

US

7. Name and Address of New Registered Agent

Name

RUIZ REINALD

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

11865 CORAL WAY

SUITE J2

City
MIAMI

FL

Zip Code
33175

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 **REINALD RUIZ**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/01/2001

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 \$150.00****After MAY 1, 2001 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete
NAME	RUIZ ERIKA	
STREET ADDRESS	5397 NW 105 CT	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PORTILLO OSWALDO	
STREET ADDRESS	5397 NW 105 CT	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PORTILLO LESBIA	
STREET ADDRESS	5397 NW 105 CT	
CITY-ST-ZIP	MIAMI FL 33178	
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	SC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUIZ REINALD A	
STREET ADDRESS	11865 CORAL WAY, SUITE J2	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ ERIKA	
STREET ADDRESS	11865 CORAL WAY, SUITE J2	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTILLO OSWALDO	
STREET ADDRESS	11865 CORAL WAY, SUITE J2	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTILLO LESBIA	
STREET ADDRESS	11865 CORAL WAY, SUITE J2	
CITY-ST-ZIP	MIAMI FL 33175	
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: **ERIKA RUIZ**

VD

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)