2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment y

address, with all other like empowered.

FILED DOCUMENT # P99000091258 Apr 04, 2000 8:00 am Secretary of State 1. Entity Name CONFETTI EMBROIDERY, INC. 04-04-2000 90013 011 ***150.00 Principal Place of Business Mailing Address 733 W. 83 ROAD 733 W. 83 ROAD MIAMI FL 33014 MIAMI FL 33014-3613 2. Principal Place of Business 3. Mailing Address 735 West 83 Street 735 West Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-0956199 City & State City & State ialeah - Florida tialeah Not Applicable Country Zip 53014 \$8.75 Additional 5. Certificate of Status Desired 33014 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Marcio Avalde DIAZ, GUILLERMO Street Address (P.O. Box Number is Not Acceptable) 3899 NW 7TH STREET &3 Street **SUITE #202** MIAMI FL 33126 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. LUZ Heleva de Ayalde Michange TITLE TITLE ☐ Delete DE AYALDE, LUZ HELENA NAME NAME 735 West 83 street STREET ADDRESS STREET ADDRESS 8160 NW GEVEVA CT. APT. A411 Hralean-Fl. 33014 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 VICE-PRESTGENT Change Addition ☐ Delete TITLE TITLE Mario Ayalde AYALDE, MARCO NAME NAME 735 west 83 stoeet STREET ADDRESS STREET ADDRESS 8160 NW GENEVA CT. APT. A411 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 of 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 chapted or on an attachment with an address with all other like empowered.