

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90010 049 ***150.00

DOCUMENT # P99000091258

1. Entity Name

CONFETTI EMBROIDERY, INC.

Principal Place of Business

735 NEST 83 ST
 MIAMI FL 33014

Mailing Address

735 NEST 83 ST
 MIAMI FL 33014

2. Principal Place of Business

735 West 83 St.

Suite, Apt. #, etc.

3. Mailing Address

735 West 83 St.

Suite, Apt. #, etc.

City & State

Hialeah, Fl.

City & State

Hialeah, Fl.

Zip

33014

Country

USA

Zip

33014

Country

USA

4. FEI Number

65-0956199

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AYALDE, MARIO
 735 WEST 83 STREET
 HIALEAH FL 33014**

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

Mario Ayalde

(NOTE: Registered Agent signature required when reinstating)

Mario Ayalde

01-04-01

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 **P** ☐ Delete
 NAME **DE AYALDE, LUZ HELENA**
 STREET ADDRESS **735 WEST 83 STREET**
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **VPD** ☒ Delete
 NAME **AYALDE, MARCO**
 STREET ADDRESS **735 WEST 83 STREET**
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VPD** ☒ Change ☐ Addition
 NAME **Mario Ayalde**
 STREET ADDRESS **735 West 83 St.**
 CITY-ST-ZIP **Hialeah, Fl. 33014**

TITLE **2 VPD** ☐ Change ☒ Addition
 NAME **Guillermo Arias**
 STREET ADDRESS **735 West 83 St.**
 CITY-ST-ZIP **Hialeah, Fl. 33014**

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

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

TITLE ☐ Change ☐ 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-04-01

CR2E034 (10/00)