

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90132 035 ***150.00

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DOCUMENT # P99000091258

1. Entity Name

CONFETTI EMBROIDERY, INC.

Principal Place of Business

Mailing Address

**735 WEST 83 STREET
 HIALEAH FL 33014
 US**

**735 WEST 83 STREET
 HIALEAH FL 33014
 US**

80067665



2. Principal Place of Business

3. Mailing Address

733 West 83 St.

733 West 83 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hialeah, FL

Hialeah, FL

City & State

City & State

4. FEI Number

65-0956199

Applied For

Not Applicable

Zip

33014

Country

USA

Zip

33014

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Mario Ayalde

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

733 West 83 St.

City

Hialeah

FL

Zip Code

33014

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 of Mario Ayalde]

Mario Ayalde

04/05/02

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. ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DE AYALDE, LUZ HELENA	
STREET ADDRESS	735 WEST 83 STREET	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	AYALDE, MARIO	
STREET ADDRESS	735 WEST 83 STREET	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	2VPD	<input type="checkbox"/> Delete
NAME	ARIAS, GUILLEMO	
STREET ADDRESS	735 WEST 83 STREET	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E034 (9/01)