

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90139 028 ***150.00

DOCUMENT # P99000091258

1. Entity Name
CONFETTI EMBROIDERY, INC.



Principal Place of Business
**733 WEST 83 STREET
HIALEAH FL 33014
US**

Mailing Address
**733 WEST 83 STREET
HIALEAH FL 33014
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mario Ayalde*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/16/03

FILE NOW! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **P.** ☐ Change ☐ Addition
NAME **De Ayalde Luz Helena**
STREET ADDRESS **733 West 83 St**
CITY-ST-ZIP **Hialeah, FL 33014**

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

TITLE **V.P.** ☐ Change ☐ Addition
NAME **A yalde mario**
STREET ADDRESS **733 West 83 St**
CITY-ST-ZIP **Hialeah, FL 33014**

TITLE **2VPD** ☐ Delete
NAME **ARIAS, GUILLEMO**
STREET ADDRESS **735 WEST 83 STREET**
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **V.P.** ☐ Change ☐ Addition
NAME **Arias Guillermo**
STREET ADDRESS **733 West 83 St.**
CITY-ST-ZIP **Hialeah, FL 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mario Ayalde
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/16/03

305-6980051

CR2E034 (10/02)