

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111359

1. Entity Name
DRAGONFLY & BALLOON, INC.

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90140 050 ***150.00

Principal Place of Business
11737 SW 117 COURT
MIAMI FL 33186

Mailing Address
11737 SW 117 COURT
MIAMI FL 33186



2. Principal Place of Business

6340 SW 79 st.

3. Mailing Address

6340 SW 79 st.

Suite, Apt. #, etc.

Suite 24

Suite, Apt. #, etc.

Suite 24

City & State

Miami FL

City & State

Miami FL

Zip

33143

Country

USA

Zip

33143

Country

USA

4. FEI Number 65-0969547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVA, FERNANDO
16300 NE 19 AVENUE SUITE 100
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name ~~Fernando Silva~~

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

16300 NE 19 Ave #C

City

North Miami Bch FL

Zip Code

33162

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/02

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, 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

TITLE PD
NAME PARDO, JORGE ☐ Delete
STREET ADDRESS 11737 SW 117 COURT
CITY-ST-ZIP MIAMI FL 33186

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME PARDO, JORGE
STREET ADDRESS 11737 SW 117 COURT
CITY-ST-ZIP MIAMI FL 33186

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

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

TITLE ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/02 (786) 512 1414

Date

Daytime Phone #

CR2E034 (9/01)