

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90062 002 ***150.00

DOCUMENT # **V43814**

1. Entity Name
PARTY PANACHE, INC.



Principal Place of Business
**650 SW 16TH TERR
POMPAÑO BEACH FL 33069
US**

Mailing Address
**701 NE 2 STREET
POMPAÑO BEACH FL 33060**

2. Principal Place of Business

3. Mailing Address

650 SW 16th terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pompano Beach, FL

Zip

Country

Zip

Country

33069 - Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURPHY, KELLY
701 N.E. 2 STREET
POMPAÑO BEACH FL 33060**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ Delete
NAME **VPT**
STREET ADDRESS **DEFRIEST, ROBERT E**
CITY-ST-ZIP **701 NE 2 STREET
POMPAÑO BEACH FL 33060**

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

TITLE ☐ Delete
NAME **PS**
STREET ADDRESS **KELLY MURPHY**
CITY-ST-ZIP **701 NE 2ND ST
POMPAÑO BEACH FL 33060**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 address, with all other line empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/03

Date

Daytime Phone #

CR2E034 (10/02)