

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90029 033 \*\*\*150.00

**DOCUMENT # 542586**

1. Entity Name  
**LET'S HAVE A PARTY, INC.**

Principal Place of Business Mailing Address  
**1505 S. DALE MABRY HWY.** **1505 S. DALE MABRY HWY.**  
**TAMPA FL 33629** **TAMPA FL 33629**

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 **59-1753404** 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

**FERRARO, CARL**  
~~**3123 VILLA ROSA**~~ **1505 S. DALE MABRY**  
~~**TAMPA FL 33611**~~ **TAMPA, FL 33629**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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: ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution: ☐

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PV**  
 STREET ADDRESS **FERRARO, CARL**  
 CITY-ST-ZIP **3123 VILLA ROSA 1505 S. DALE MABRY**  
**TAMPA FL 33629**

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

TITLE ☐ Delete  
 NAME **ST**  
 STREET ADDRESS **FERRARO, PAULINE**  
 CITY-ST-ZIP **1505 S DALE MABRY HWY**  
**TAMPA FL**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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: Pauline Ferraro (PAULINE FERRARO) 2/3/01 813251-9345  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)