## 101 UNIFORM BUSINESS REPORT (UBR)

## **OCUMENT # K98302**

. PARTY TOWN U.S.A., INC.

Principal Place of Business

Mailing Address

## 6829 SOUTH US 1 . 3829 SOUTH US 1 'ORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For -City & State City & State 4. FEI Number 65-0131413 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROTMAN, STUART Street Address (P.O. Box Number is Not Acceptable) 4700 NORTH STATE RD 7 #208 FORT LAUDERDALE FL 33317 Zip Code ne above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **TURE** 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 his corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be ax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) -- --Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TITLE Change ■ Addition ☐ Defete LE WEISS, DANIEL ИĒ NAME **6829 SOUTH US 1** STREET ADDRESS JEET ADDRESS CITY-ST-ZIP -ST-7IP PT. ST. LUCIE FL DVP Change ☐ Addition ☐ Delete TITLE WEISS, SHERRI NAME 6829 SOUTH US 1 STREET ADDRESS DDRESS CITY-ST-ZIP -ST-ZIP PT. ST. LUCIE FL ☐ Change ☐ Addition .E ☐ Delete TITLE NAME ٧E STREET ADDRESS EET ADDRESS CITY-ST-ZIP -ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME T ADDRESS STREET ADDRESS CITY-ST-ZIP 3T-ZIP Addition ☐ Delete TITLE Change NAME STREET ADDRESS T ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS ADDRESS

lereby 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 dicated 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 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 langed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

**ATURE:** 

T-ZIP

SIGNATURE AND TYNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 15, 2001 8:00 am Secretary of State

03-15-2001 90028 015 \*\*\*150.00