

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90402 018 \*\*\*150.00

**DOCUMENT # P96000093063**

**1. Entity Name**  
**FERRARO ENTERPRISES, INC.**

**Principal Place of Business**

**130 IROQUOIS ST.**  
**TAVERNIER FL 33070**

**Mailing Address**

**P O BOX 152**  
**TAVERNIER FL 33070**  
**US**

**2. Principal Place of Business**

**PO Box 700864**

Suite, Apt. #, etc.

**3. Mailing Address**

**PO Box 700864**

Suite, Apt. #, etc.

**City & State**

**St. Cloud FL**

**City & State**

**St. Cloud FL**

**Zip**  
**34770**

**Country**

**USA**

**Zip**  
**34770**

**Country**

**USA**

**4. FEI Number** **65-0733615**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FERRARO, JOSEPH F**  
**103200 OVERSEAS HWY**  
**SUITE #5**  
**KEY LARGO FL 33037**

**7. Name and Address of New Registered Agent**

**Name** **James Mullin**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**St m TAX SERVICE Inc.**  
**2080 NW 2nd Ave # 6**  
**City** **Boca Raton** **FL** **Zip Code** **33431**

**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)

**2/10/02**  
**DATE**

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

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>FERRARO, JOSEPH F</b>
<b>STREET ADDRESS</b>	<b>130 IROQUOIS STREET</b>
<b>CITY-ST-ZIP</b>	<b>TAVERNIER FL 33070</b>
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>FERRARO, TERESA</b>
<b>STREET ADDRESS</b>	<b>130 IROQUOIS ST</b>
<b>CITY-ST-ZIP</b>	<b>TAVERNIER FL 33070</b>
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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

<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>PO Box 700864</b>
<b>CITY-ST-ZIP</b>	<b>St. Cloud FL 34770</b>
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>PO Box 700864</b>
<b>CITY-ST-ZIP</b>	<b>St. Cloud FL 34770</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**

**TERESA FERRARO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**4/12/02**

**Daytime Phone #**

**324-624-1581**

CP2E034 (9/01)