## 2002 Uniform Business Report (UBR)

## Mar 18, 2002 8:00 am P01000109206 DOCUMENT # **Secretary of State** 1. Entity Name YOUR WEDDING DANCE, INC. 03-18-2002 90090 017 \*\*\*150.00 Principal Place of Business Mailing Address 342 SOUTH PARKWAY 342 SOUTH PARKWAY NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-1152451 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent ~ ----7.-Name and Address of New Registered Agent Name ZEMEL, MORTON B ESQ. Street Address (P.O. Box Number is Not Acceptable) 4700-B SHERIDAN STREET HOLLYWOOD FL 33021 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) ☐ Delete TITLE TITLE □ Change ☐ Addition FRIEDMAN, ALFRED NAME 342 SOUTH PARKWAY STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 33160 CITY-ST-ZIP CITY-ST-ZIP **VPD** ☐ Change ☐ Addition TITLE ☐ Delete TITLE **GOKTURK, ANGELA NURAN** NAME NAME 342 SOUTH PARKWAY STREET ADDRESS STREET ADDRESS NORTH MIAMI BEACH FL 33160 CITY-ST-ZIP CITY-ST-ZIP STD Change -- Addition Delete COHEN, DORIS G NAME NAME 342 SOUTH PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete [] Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

GEALGRA Duran Goldfurk
DE SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered