FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91796 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80111220

DOCUMENT # P02000000062

1. Entity Name
MANGINI ~~HOUSE OF BRIDES~~, INC.

Principal Place of Business
~~20993 BISCAYNE BLVD. SUITE E-2 AVENTURA, FL 33180~~

Mailing Address
3423 N E 166TH STREET
NORTH MIAMI BEACH, FL 33160

2. Principal Place of Business: 3423 NE 166 ST.
Suite, Apt. #, etc.
City & State: NORTH MIAMI BEACH, FL
Zip: 33160 Country: USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

X CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0612798 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
RIPAMONTI, SERGIO
3423 N E 166TH STREET
NORTH MIAMI BEACH, FL 33160

7. Name and Address of New Registered Agent
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, a $400 late fee will be added. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIPAMONTI, BRIYIDT 3423 N E 166TH STREET NORTH MIAMI BEACH, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIPAMONTI, SERGIO 3423 N E 166TH STREET NORTH MIAMI BEACH, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 an address, with all other like empowered.

SIGNATURE: SERGIO RIPAMONTI 4/27/03 305-528-5556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #