

# 2002 UNIFORM BUSINESS REPORT (UBR)

0039149 AV

DOCUMENT # 457464

1. Entity Name  
FRANCES NOVIAS BRIDAL BOUTIQUE, INC.

FILED

02 DEC 19 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
PARISIEN. CHIE  
118 MIRACLE MILE  
CORAL GABLES FL 33134  
US

Mailing Address  
PARISIEN. CHIE  
118 MIRACLE MILE  
CORAL GABLES FL 33134  
US

2. Principal Place of Business  
116 Miracle Mile  
Suite, Apt. #, etc.

3. Mailing Address  
116 Miracle Mile  
Suite, Apt. #, etc.

City & State  
Coral Gables, FL

City & State  
Coral Gables, FL

Zip  
33134

Country

REINSTATEMENT

4. FEI Number 59-1555941

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
SMITH, GARY V.  
1230 N.W. 7TH STREET  
MIAMI FL 33125

7. Name and Address of New Registered Agent  
Name Alexander Fox  
Street Address (P.O. Box Number is Not Acceptable)  
815 PONCE DE LEON  
City Coral Gables, FL FL Zip Code 33134

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 Alex Fox 12/17/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, FRANCES		NAME		
STREET ADDRESS	2100 CORAL WAY # 605		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33145		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, CATHERINE		NAME	Catherine Fox	
STREET ADDRESS	118 MIRACLE MILE		STREET ADDRESS	116 Miracle Mile	
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Catherine Fox 12/3/02 3054485756  
Signature, typed or printed name of signing officer or director. Date. Phone #

CR2E034 (4/02)