

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90331 042 \*\*\*150.00  
 07-15-2002 90183 006 \*\*\*\*61.25

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

*Handwritten signature/initials*

**DOCUMENT # F86507**  
 1. Entity Name  
**CORAL GABLES BRIDALS, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>366 MIRACLE MILE</b>	3. Mailing Address <b>901 PONCE DE LEON BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>606</b>

DO NOT WRITE IN THIS SPACE

City & State <b>CORAL GABLES, FL</b>	City & State <b>CORAL GABLES, FL</b>	4. FEI Number <b>59-2200389</b>	Applied For Not Applicable
Zip <b>33134</b>	Country <b>US</b>	Zip <b>33134</b>	Country <b>US</b>

**DO NOT WRITE IN THIS SPACE**

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

7. Name and Address of Current Registered Agent

Name  
**DE LOS REYES, RAFAEL**

Street Address (P.O. Box Number is Not Acceptable)  
**5750 S.W. 45TH TERRACE**

City  
**MIAMI**

State  
**FL**

Zip Code  
**33155**

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]*  
 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)

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$500.00  
 Amended UBR is \$61.25

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

Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD DE LOS REYES, DULCE 5750 S.W. 45TH TERRACE MIAMI, FL 33155</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD DE LOS REYES, RAFAEL 5750 S.W. 45TH TERRACE MIAMI, FL 33155</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Attachment  
DHF 86507



40253

Coral Gables Bridals, Inc.  
901 Ponce de Leon Blvd.  
Suite 606  
Coral Gables, FL 33134

July 11, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Through this letter please be advised that we changed our mailing address to 901 Ponce de Leon Blvd. Suite 606, Coral Gables, FL 33134. Accordingly we did not receive on a timely basis the Uniform Business Report for the year 2002. In addition our accountant at the time did not advise us of such requirements. We have subsequently hired a competent accountant which can guide us and hence will provide appropriate information so that we can fulfill all of our filing requirements on a timely basis. Attached please find a check for \$150.00 for the filing fees. We respectfully request that you abate the penalties for filing late.

Sincerely,

Rafael de los Reyes