

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90003 009 \*\*\*150.00

**DOCUMENT # G39753**

1. Entity Name

ANNA DE NOVIAS' BRIDALS, INC.

LA

Principal Place of Business

31 SOUTHEAST 1ST AVE  
 DOWNTOWN MIAMI FL 33131

Mailing Address

31 SOUTHEAST 1ST AVE  
 DOWNTOWN MIAMI FL 33131

2. Principal Place of Business

130 S.E. 1 Ave

3. Mailing Address

130 S.E. 1 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI

Zip

33131

Country

Zip

33131

Country

4. FEI Number

05-9228650

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OBERSTEIN, JAMES J.  
 3821 SW 129 AVENUE  
 MIAMI FL 33175

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

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, 2001 Fee will be \$550.00**  
**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
NAME	OBERSTEIN, JAMES J.	
STREET ADDRESS	3821 SW 129 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OBERSTEIN, ANA	
STREET ADDRESS	8101 CRESPI APT 2	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OBERSTEIN, HILDA L	
STREET ADDRESS	3821 SW 129 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

*James J. Oberstein* James J. OBERSTEIN 305 371 2522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



Attachment 978842  
A.D.N.



Bridals, Tuxedos & Formals

SALES & RENTALS

Referencia 939753

Please Note That the original application had the check attached.

Your information office indicated that thousands of checks arrived at your office, and some are misplaced.

Thank you

Jim V. [Signature]

Referencia 939753

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Attachment

0035 25

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City & State

**Miami**

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(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 12, 2001 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

TITLE **PD** ☐ Delete  
NAME **OBERSTEIN, JAMES J.**  
STREET ADDRESS **3821 SW 129 AVENUE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ Delete  
NAME **OBERSTEIN, ANA**  
STREET ADDRESS **8101 CRESPI APT 2**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **TD** ☐ Delete  
NAME **OBERSTEIN, HILDA L**  
STREET ADDRESS **3821 SW 129 AVENUE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete  
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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SIGNATURE:

**SIGNATURE OF REGISTERED AGENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)