

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90017 036 \*\*\*150.00

**DOCUMENT # J09964**

1. Entity Name

**LUDA, INC.**

Principal Place of Business

Mailing Address

**ALEGRIA'S BRIDES  
 130 MIRACLE MILE  
 CORAL GABLES FL 33134  
 US**

**ALEGRIA'S BRIDES  
 130 MIRACLE MILE  
 CORAL GABLES FL 33134-5406  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2676700**

Applied F  
 Not App

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOLKOFF, JEROME IRA  
 1800 WEST HILLSBORO BLVD.  
 DEERFIELD BEACH FL 33442**

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.

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** may  
 Added to F

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Delete
NAME	<b>PD ABADI-BALID, ABRAHAM</b>	
STREET ADDRESS	<b>130 MIRACLE MILE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>D ABADI-BALID, RAQUEL J.</b>	
STREET ADDRESS	<b>130 MIRACLE MILE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Abraham Balid*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-7-00** **305-498-0**  
 Date Daytime Phone #