

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90114 045 ***158.75

DOCUMENT # L49905

1. Entity Name
A STORY BOOK WEDDING INC.

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DO NOT WRITE IN THIS SPACE

Principal Place of Business 8966 S W 87TH #12 13700 SW 74TH AVE MIAMI FL 33176 US	Mailing Address PO BOX 402543 13700 SW 74TH AVE MIAMI BEACH FL 33140-0543 US
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2. Principal Place of Business 8966 S.W. 87 th CT Suite, Apt. #, etc. #12	3. Mailing Address P.O. Box 402543
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City & State MIAMI FLA	City & State MIAMI BEACH FL 33140	4. FEI Number 65-0084956	Applied For Not Applicable
Zip 33176	Zip 33140	Country FLA	Country FLA

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LINDA BERNSTEIN
 5825 COLLINS AVE 5 A
 MIAMI BEACH FL 33140

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.

SIGNATURE *Linda Bernstein* LINDA BERNSTEIN DATE 2-28-2000

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 Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINDA BERNSTEIN 5825 COLLINS AVE 5A MIAMI BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAFRA, CINDY 934 E BAY HARBOR DRIVE #7D BAY HARBOR FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CINDY SAFRA 19396 COLLINS AV, #A-510 SONNY ISLES, BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Linda Bernstein* LINDA BERNSTEIN DATE 2-28-00 DAYTIME PHONE # 305-253-4293

CR2E034 (9/99)