

2001 UNIFORM BUSINESS REPORT (UBR)

0028413 AF

DOCUMENT # L99000007643

1. Entity Name

THE UNIQUE BRIDE, L.L.C.

Principal Place of Business

180 PRINCESS AVE.
NOKOMIS FL 34275

Mailing Address

P.O. BOX 208
NOKOMIS FL 34274

FILED

01 MAR 26 PM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0954015

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MESSICK, ROBERT E ESQ

2033 MAIN STREET

SUITE 600

SARASOTA FL 34237

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM VICTORIA CATALANO ☐ Delete
STREET ADDRESS 180 PRINCESS AVE.
CITY-ST-ZIP NOKOMIS FL 34275

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 300003959303--0

TITLE NAME ~~PEGI~~ MGRM ☐ Delete
STREET ADDRESS PEGI CARRIVEAU
CITY-ST-ZIP 11862 PASEO BONITA
LOS ALAMITOS CA 90720

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP -04/04/01--0081-027
*****50.00 *****50.00

TITLE NAME MGRM MICHELE CATALANO ☐ Delete
STREET ADDRESS 180 PRINCESS AVE.
CITY-ST-ZIP NOKOMIS FL 34275

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)