

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

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90231 005 ***150.00

DOCUMENT # M49945

1. Entity Name

CUPIDO BRIDES INCORPORATED

DO NOT WRITE IN THIS SPACE

14021646

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4940 East 4th Avenue

Suite, Apt. #, etc.

3. Mailing Address

4940 East 4th Avenue

Suite, Apt. #, etc.

City & State

Hialeah Florida 33013

City & State

Hialeah Florida 33013

Zip

33013

Country

USA

Zip

33013

Country

USA

4. FEI Number

59-2804617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MENDOZA, MARTHA

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

4940 East 4th Avenue

City

Hialeah

FL

33013

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	MENDOZA, MARTHA	650 East 5 St	Hialeah FL 33010				
DTS	RODRIGUEZ, PEDRO M.	1810 West 56 St	Hialeah FL 33012				

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR05034B (12/01)