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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90359 027 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000024782			
1. Entity Name ALFRED ANGELO - THE BRIDE'S STUDIO NO. 2, INC.			
Principal Place of Business 116 WALSH RD. HORSHAM PA 19044		Mailing Address 116 WALSH RD. HORSHAM PA 19044	
2. Principal Place of Business 7541 NORTH HENDALL DRIVE		3. Mailing Address	
Suite, Apt. #, etc. Room # 1152		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33156	Country USA	Zip	Country
4. FEI Number 65-1033491		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 528 E. APRK AVE. TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name REGISTERED AGENT LEGAL SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1333 North Duval St. City Tallahassee FL 32302	
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 <i>Sid Garnett</i> Sid Garnett, V.P. Registered Agents Legal Services, Inc. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when replacing) DATE			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐		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 NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
		PD PICCIONE VINCENT E. 116 WALSH RD. HORSHAM, PA 19044	
		SD PICCIONE, MICHELE 116 WALSH RD HORSHAM, PA 19044	
		VPE WELTZ JOSEPH 116 WALSH RD. HORSHAM, PA 19044	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Joseph WELTZ</i>		Date 4/25/01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (10/00)