

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91324 020 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name

Dorothy's BRIdal Bto & Panty Rental
700000030163 ✓

Principal Place of Business

Mailing Address

2. Principal Place of Business

2. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

✓ Not Applicable

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

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
FEES IS \$81.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice-President</i> <i>Bernadette Slater</i> <i>17768 SW 28th</i> <i>MIRAFLORES FL 33029</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i> <i>Uriah Grant</i> <i>17768 SW 28th</i> <i>MIRAFLORES FL 33029</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dorothy Grant
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/02 305 652-8155
 Date Daytime Phone #

CR2E037 (11/00)