

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051033

1. Entity Name

NEVALIA BRIDAL & DECOR, INC.

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90076 049 ***150.00

Principal Place of Business

520 BRICKELL KEY DRIVE
#603
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DRIVE
#603
MIAMI FL 33131

2. Principal Place of Business

9482 HARDING AVENUE

3. Mailing Address

520 BRICKELL KEY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SURFSIDE, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33154

Country

U.S.A.

Zip

33131

Country

U.S.A.

4. FEI Number

05-1010135

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZAPATA, OLGA C
520 BRICKELL KEY DRIVE
#603
MIAMI FL 33131

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

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME ZAPATA, OLGA C
STREET ADDRESS 520 BRICKELL KEY DRIVE #603
CITY-ST-ZIP MIAMI FL 33131

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

TITLE D ☐ Delete
NAME ZAPATA, CHRISTINA
STREET ADDRESS 520 BRICKELL KEY DRIVE #603
CITY-ST-ZIP MIAMI FL 33131

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)