

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90077 004 \*\*\*150.00

**DOCUMENT #** P01000017070

**1. Entity Name**  
 BRIDAL RING CORP.

**Principal Place of Business** 6187 NW 167TH STREET BUILDING H-1  
 MIAMI LAKES FL 33015

**Mailing Address** 6187 NW 167TH STREET BUILDING H-1  
 MIAMI LAKES FL 33015

**2. Principal Place of Business** Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address** Suite, Apt. #, etc.  
 City & State  
 Zip Country



DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-1100891 **Applied For** ☐ **Not Applicable** ☒

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required** ☒

**6. Name and Address of Current Registered Agent**  
 SIEGEL, WILLIAM  
 7699 NW 79TH AVENUE  
 TAMARAC FL 33321

**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** \_\_\_\_\_

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	
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**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 a signature like or empowered.**

**SIGNATURE:** Bruce Hammer **1/8/02** **305-924-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)