

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

05-05-2003 91807 006 ***150.00

DOCUMENT # P01000027686

1. Entity Name
PRIMOR BRIDAL CORP.



Principal Place of Business

**7901 NW 2ND STREET
MIAMI FL 33126**

Mailing Address

**7901 NW 2ND STREET
MIAMI FL 33126**

132 NE 2 AVE

55053817



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1089461

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERNANDEZ, IRMINA
7901 NW 2ND STREET
MIAMI FL 33126**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature)
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

**D
FERNANDEZ, IRMINA N
7901 NW 2ND STREET
MIAMI FL 33126**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

**D
FERNANDEZ, ALEJANDRO N
7901 NW 2ND STREET
MIAMI FL 33126**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Delete

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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 607, 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:

SIGNATURE REQUIRED

(Signature)

8/15/03

CR2E034 (4/03)

Attachment #

55053817

PO1000027686

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661125424 1617

PAY TO THE ORDER OF *Roula Department of State* DATE *4/30/03*

150.00 DOLLARS & CENTS

150

First Bank of Illinois 020404816 2003 2351 13 05-21-03

FOR *William H. Carpenter* *[Signature]*

⑈001617⑈ ⑈055014453⑈ ⑈0310024761⑈ ⑈0000015000⑈

1617 5/21/03 150.00

⑈055000109⑈
⑈020404816⑈ 05-21-03

⑈001617⑈ ⑈055014453⑈ ⑈0310024761⑈ ⑈0000015000⑈

6740125424

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
MAY 05 2003

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