

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90491 027 ***150.00

DOCUMENT # P01000085011

1. Entity Name

ROSY S BRIDALS, INC.

Principal Place of Business

1165 WEST 49TH STREET
 SUITE 202 201
 HIALEAH FL 33012

Mailing Address

1165 WEST 49TH STREET
 SUITE 202 201
 HIALEAH FL 33012

2. Principal Place of Business

1165 W 49st.
 Suite, Apt. #, etc.
 201

3. Mailing Address

1165 W 49st.
 Suite, Apt. #, etc.
 201

City & State

Hialeah

City & State

Hialeah

Zip

33012

Country

U.S.

Zip

33012

Country

U.S.

4. FEI Number

65-1135349

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, ROSA
 1165 WEST 49TH STREET
 SUITE 202
 HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

St.

City

ROSA Martinez
 1798 W 79st
 Hialeah

FL

Zip Code

33012

8. The above named entity submits this statement

of change

its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of registered agent

Signature of registered agent

Signature of registered agent

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

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

TITLE PD
 NAME MARTINEZ, ROSA
 STREET ADDRESS 1165 WEST 49TH STREET SUITE 202
 CITY-ST-ZIP HIALEAH FL 33012

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied in 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 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 limited liability company and 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 attached document.

SIGNATURE:

Signature

Rosa Martinez *Rosa Martinez* *305828-6866*

Daytime Phone #

CR2E034 (9/01)