

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90223 005 ***158.75

DOCUMENT # P01000085011

1. Entity Name
ROSY S BRIDALS & FORMAL WEAR, INC.

Rosy S Bridals & Quinces, Inc

Principal Place of Business
1798 WEST 79TH ST.
HIALEAH FL 33014

Mailing Address -
1798 WEST 79TH ST.
HIALEAH FL 33014

2. Principal Place of Business
6500 W. 4th Ave

3. Mailing Address
1798 W. 79th St.

Suite, Apt. #, etc.
#13

Suite, Apt. #, etc.

City & State
Hialeah FL

City & State
Hialeah FL

Zip
33012

Country
US

Zip
33014

Country

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

MORALES, PETER
1798 W 79TH STREET
HIALEAH FL 33014

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

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

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

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *PD*
NAME *Peter Morales*
STREET ADDRESS *6500 W. 4th Ave. #13*
CITY-ST-ZIP *Hialeah FL 33012*

☒ Change ☐ Addition

TITLE *VP*
NAME *Rosa Morales*
STREET ADDRESS *6500 W. 4th Ave. #13*
CITY-ST-ZIP *Hialeah FL 33012*

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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 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:

Peter Morales 2-10-3 305-828-6866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)