

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90272 047 ***150.00

0273694 AV

DOCUMENT # P01000109206

1. Entity Name
YOUR WEDDING DANCE, INC.



Principal Place of Business
342 SOUTH PARKWAY
NORTH MIAMI BEACH FL 33160

Mailing Address
342 SOUTH PARKWAY
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business
629 SE 19 Ave

3. Mailing Address
629 SE 19 Ave #

Suite, Apt. #, etc.

Suite, Apt. #, etc.

402

402

City & State
Deerfield Beach FL

City & State
Deerfield Beach FL

4. FEI Number **65-1152451**

Applied For
Not Applicable

Zip
33441-5000

Country
USA

Zip
33441-5000

Country
USA

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

ZEMEL, MORTON B ESQ.
4700-B SHERIDAN STREET
HOLLYWOOD FL 33021

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **FRIEDMAN, ALFRED**
STREET ADDRESS **342 SOUTH PARKWAY**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

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

TITLE **VPD** ☐ **Delete**
NAME **GOKTURK, ANGELA NURAN**
STREET ADDRESS **342 SOUTH PARKWAY**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **629 SE 19 Ave #402**
CITY-ST-ZIP **Deerfield Beach FL 33441-5000**

TITLE **STD** ☐ **Delete**
NAME **COHEN, DORIS G**
STREET ADDRESS **342 SOUTH PARKWAY**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

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

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: *Angela Nuran Gokturk* **REQUIRED** *4-14-03 954 419 9224*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)