

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90125 021 ***150.00

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1. Entity Name
CHACON BRIDAL & PHOTO STUDIO, INC.

Principal Place of Business
**6275 SW 130 AVE #807
MIAMI FL 33183**

Mailing Address
**6275 SW 130 AVE #807
MIAMI FL 33183**



2. Principal Place of Business
~~13403 SW 56 st~~
Suite, Apt. #, etc.

3. Mailing Address
~~13403 SW 56 st~~
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami FL

4. FEI Number
33/1000160

Applied For
Not Applicable

Zip Country
33175 USA

Zip Country
33175 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

**CHACON, WALFRIDO
6275 SW 130 AVE #807
MIAMI FL 33183**

Name

Street Address (P.O. Box Number is Not Acceptable)

12844 SW 48 Ter

City **Miami**

FL

Zip Code **33175**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD CHACON, WALFRIDO**
STREET ADDRESS **6275 SW 130 AVE #807**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE Change Addition
NAME
STREET ADDRESS **12844 SW 48 Ter**
CITY-ST-ZIP **Miami FL 33175**

TITLE Delete
NAME **VD BARRABEITG, ISSEL**
STREET ADDRESS **6275 SW 130 AVE #807**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE Change Addition
NAME
STREET ADDRESS **12844 SW 48 Ter**
CITY-ST-ZIP **Miami FL 33175**

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
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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

TITLE Delete
NAME
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:

SIGNATURE REQUIRED

3/25/03

(305) 553-4737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRCE034 (10/02)