

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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DOCUMENT # P02000039821

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~~

3. Mailing Address
~~13403 SW 56 st~~

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami FL

Zip 33175 **Country** USA

Zip 33175 **Country** USA

4. FEI Number
33/1000160

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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	
TITLE	PD <input type="checkbox"/> Delete
NAME	CHACON, WALFRIDO
STREET ADDRESS	6275 SW 130 AVE #807
CITY-ST-ZIP	MIAMI FL 33183
TITLE	VD <input type="checkbox"/> Delete
NAME	BARRABEITG, ISSEL
STREET ADDRESS	6275 SW 130 AVE #807
CITY-ST-ZIP	MIAMI FL 33183
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	12844 SW 48 Ter
CITY-ST-ZIP	Miami FL 33175
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	12844 SW 48 Ter
CITY-ST-ZIP	Miami FL 33175
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)