

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90017 007 ***150.00

DOCUMENT # P02000091175

1. Entity Name
SIBONEY BRIDAL & DRESS SHOP INC.



Principal Place of Business
3275 E. COLONIAL DR.
D # 58
0 RLANDO FL 32803
US

Mailing Address
1916 CENTRAL PARK AV.
ORLANDO FL 32807
US



2. Principal Place of Business
3201 E. COLONIAL DR

3. Mailing Address

Suite, Apt. #, etc.
D#58

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State

Zip
32803 Country
U.S.

Zip Country

4. FEI Number
33-101-9267

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RIVAS, ELOILDA
1916 CENTRAL PARK AV.
ORLANDO FL 32807

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P,
RIVAS, ELOILDA
1916 CENTRAL PARK AV.
ORLANDO FL 32807 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
RIVAS, JOSE A SR.
1916 CENTRAL PARK AV.
ORLANDO FL 32807 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
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:

SIBONEY BRIDAL & DRESS SHOP INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)