

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

02-14-2003 90200 022 ***150.00

DOCUMENT # P02000121053

1. Entity Name
DAISY BRIDAL & BOUTIQUE, INC.



Principal Place of Business
**13728 SW 152 STREET
MIAMI FL 33177**

Mailing Address
**13728 SW 152 STREET
MIAMI FL 33177**

2. Principal Place of Business
13728 SW 152 ST
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Miami, FL

City & State

4. FEI Number
74-3068467

Applied For
Not Applicable

Zip
33177

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MUGFORD, MARITZA H
13018 SW 120 ST
MIAMI FL FL**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 LOPEZ, DAYS
1138 E MOWRE DR
HOMESTEAD FL 33030** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V ARIAS, GEANLEYVIS
1138 E MOWRY DR
HOMESTEAD FL 33030** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D ALBITE, NEYDA
30255 SW 103 CT
HOMESTEAD FL 33030** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/11/03

Date

(305) 259-3396

Daytime Phone