## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 27, 2005 8:00 am Secretary of State

04-27-2005 90327 014 \*\*\*150.00

DOCUMENT	# P0400053686	
Entity Name		



## Maritza's Bridal Veils, Inc. DO NOT WRITE IN THIS SPACE 14000887 2. Principal Place of Business Mailing Address 2701 SW 112 Ave 2701 SW 112 Ave Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 20-1081006 Miami Miami Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33165 FΙ 33165 FI 7. Name and Address of Current Registered Agent Name Deoleo, Maritza DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 2701 SW 112 Ave City Miami Zip Code 33165 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 II applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE TITLE Deoleo, Maritza / P NAME NAME 2701 SW 112 Ave STREET ADDRESS STREET ADDRESS Miami, FI 33165 CITY-ST-ZIP CITY-ST-ZIP TITLE IMF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not quality 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 on an attachment with an addres

SIGNING OFFICER OR DIRECTOR

305-263660

CR2E034B (12/02)