

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074634

1. Entity Name

BRIDAL SUITE OF FLORIDA, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90044 035 ***150.00

Principal Place of Business

Mailing Address

1678 PORT ST LUCIE BLVD
PORT ST LUCIE FL 34952
US

1678 SE PORT ST. LUICE BLVD
PORT ST. LUICE FL 34952-5471
US

2. Principal Place of Business

1020 port St Lucie Blvd
Suite, Apt. #, etc.

3. Mailing Address

1020 port St. Lucie Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

4. FEI Number

65-0696577

Applied For

Not Applicable

Zip

34952

Country

St. Lucie

Zip

34952

Country

St. Lucie

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

CARVELLI, THOMAS
445 29TH CT SW
VERO BEACH
VERO BEACH FL 32968

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME CARVELLI, JANE E
STREET ADDRESS 1678 SE PORT ST. LUICE BLVD
CITY-ST-ZIP PORT ST. LUICE FL

TITLE ☒ Change ☐ Addition
NAME 1020 port St Lucie Blvd
STREET ADDRESS Port St Lucie, FL 34952
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME THOMAS, CARVELLI
STREET ADDRESS 16785 SE PORT ST LUCIE BLVD
CITY-ST-ZIP PORT ST LUCIE FL 32952

TITLE ☒ Change ☐ Addition
NAME 1020 port St Lucie Blvd
STREET ADDRESS Port St Lucie, FL 34952
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas Carvelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/00

Daytime Phone #

561-3315-5500

CR2E034 (9/99)