

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 13, 2000 08:00 AM
Secretary of State

DOCUMENT # P97000000721

1. Entity Name
 BRIDALSUITE.NET, INC.

Principal Place of Business 9725 SW 64TH STREET MIAMI FL 33173	Mailing Address P.O. BOX 831892 MIAMI FL 332831892 US
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2. Principal Place of Business 9725 SW 64 ST	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FL	City & State
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4. FEI Number 65-0728190	Applied For <input type="checkbox"/> Not Applicable
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Zip 331731435	Country	Zip	Country
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SQUILLANTE JOHN
 2852 SW 37TH COURT

 MIAMI FL 33134 US

7. Name and Address of New Registered Agent

Name
 SQUILLANTE JOHN
 Street Address (P.O. Box Number is Not Acceptable)
 9725 SW 64 ST

 City MIAMI FL Zip Code 331731435

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 _____ DATE **04/13/2000**
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

TITLE	STD <input type="checkbox"/> Delete
NAME	SQUILLANTE MARK
STREET ADDRESS	9725 SW 64TH STREET
CITY-ST-ZIP	MIAMI FL 33173
TITLE	VD <input type="checkbox"/> Delete
NAME	SQUILLANTE JASON
STREET ADDRESS	9725 SW 64TH STREET
CITY-ST-ZIP	MIAMI FL 33173
TITLE	PD <input type="checkbox"/> Delete
NAME	SQUILLANTE JOHN
STREET ADDRESS	2852 SW 37TH COURT
CITY-ST-ZIP	MIAMI FL 33134
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SQUILLANTE MARK
STREET ADDRESS	9725 SW 64 ST
CITY-ST-ZIP	MIAMI FL 331731435
TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SQUILLANTE JASON
STREET ADDRESS	9725 SW 64 ST
CITY-ST-ZIP	MIAMI FL 331731435
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SQUILLANTE JOHN
STREET ADDRESS	9725 SW 64 ST
CITY-ST-ZIP	MIAMI FL 331731435
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: John Squillante Date: 04/13/2000