

2001 UNIFORM BUSINESS REPORT (UBR)

P97000000721

0117817 AT

DOCUMENT # P97000000721

1. Entity Name
BRIDALSUITE.NET, INC.

FILED

01 AUG 16 AM 8:00

SECRETARY STATE
TAX

8/18/01 90085 001 150.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business
9725 SW 64 ST
MIAMI FL 33173-1435

Mailing Address
P.O. BOX 831892
MIAMI FL 33283-1892
US

2. Principal Place of Business
10240 SW 56 ST

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

Suite, Apt. #, etc.
SUITE 101

City & State

City & State
Miami, FLA

4. FEI Number
65-0728190

Applied For
Not Applicable

Zip
33165

Country
USA

Zip

Country

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

SQUILLANTE, JOHN
9725 SW 64 ST
MIAMI FL 33173-1435

Name
SQUILLANTE, John E.
Street Address (P.O. Box Number is Not Acceptable)
10240 SW 56 ST
Suite 101
City
Miami, FL 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.

SIGNATURE  **JOHN SQUILLANTE** **7/3/01**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PO	SQUILLANTE, JOHN	9725 SW 64 ST	MIAMI FL 33173-1435	<input type="checkbox"/>
VD	SQUILLANTE, JASON	9725 SW 64 ST	MIAMI FL 33173-1435	<input type="checkbox"/>
STD	SQUILLANTE, MARK	9725 SW 64 ST	MIAMI FL 33173-1435	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PO	SQUILLANTE, John E.	10240 SW 56 ST, Suite 101	Miami, FL 33165	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	SQUILLANTE, Jason R.	10240 SW 56 ST, Suite 101	MIAMI, FL 33165	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STD	SQUILLANTE, Mark D.	10240 SW 56 ST.	MIAMI, FL 33165	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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** **7/3/01** **305-275-9943**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/01)