

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90039 017 ***150.00

DOCUMENT # P97000005529

1. Entity Name
PREMIER BRIDE OF MIAMI, INC.

Principal Place of Business **Mailing Address**
~~4015 SHERIDAN AVE #333~~ **6423 Collins Ave** ~~4015 SHERIDAN AVE #333~~ **6423 Collins Ave**
MIAMI BEACH FL 33141 **# 206** **MIAMI BEACH FL 33141** **# 206**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
6423 Collins Ave
Suite, Apt. #, etc. **Suite, Apt. #, etc.**
206
City & State **City & State**
Miami Beach, FL
Zip **Country** **Zip** **Country**
33141 **USA**

4. FEI Number **65-0716822** **Applied For**
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SAND, GILBERT
~~401 60TH ST 17J~~ **6423 Collins Ave # 206**
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent
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 *Gilbert Sand* **4-17-02**
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------|--|-----------------------------|---------------------------------|
| | D SAND, LILY | 401 60TH ST 17J 6423 Collins Ave # 206 | MIAMI BEACH FL 33141 | <input type="checkbox"/> |
| | D SAND, GILBERT | 401 60TH ST 17J 6423 Collins Ave # 206 | MIAMI BEACH FL 33141 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input 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: *Gilbert Sand* **4-17-02** **305-861-6120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)