

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90184 009 ***150.00

DOCUMENT # P97000011734

1. Entity Name

WEDDING CREATIONS INC.

Principal Place of Business

2033 NO. UNIVERSITY DRIVE
SUNRISE FL 33322

Mailing Address

2033 NO. UNIVERSITY DRIVE
SUNRISE FL 33322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0731495

Applied For

Not Applicable

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

WEDDING CREATIONS II
2033 NO. UNIVERSITY DRIVE
SUNRISE FL 33322

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, 2001 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 D ☐ Delete
NAME KONG, CAROL
STREET ADDRESS 7480 NW 17TH ST APT 204
CITY-ST-ZIP SUNRISE FL 33313-5170

TITLE ☒ Change ☐ Addition
NAME 7141 SW 6 STR.
STREET ADDRESS PLANTATION, FL 33317
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CIAN, JOSEPH
STREET ADDRESS 7480 NW 17TH ST APT 204
CITY-ST-ZIP SUNRISE FL 33313-5170

TITLE ☒ Change ☐ Addition
NAME 7141 SW 6 STR
STREET ADDRESS PLANTATION, FL 33317
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOE
CIAN

Date

Daytime Phone #

1/23/01 954-72-2464

CR2E034 (10/00)