

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91332 030 ***150.00

DOCUMENT # P97000065033

1. Entity Name

GLORIA'S BRIDAL BOUTIQUE & FLOWERS
CREATIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

27565 S DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Address

27565 S DIXIE HWY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HOMESTEAD FL

City & State
HOMESTEAD FL

4. FEI Number
65-0768467

Applied For
Not Applicable

Zip
33032

Country
USA

Zip
33032

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
FERNANDEZ, HERNAN

Street Address (P.O. Box Number is Not Acceptable)
11950 SW 271st STREET

City
HOMESTEAD FL Zip Code
33032

**DO NOT WRITE
IN THIS SPACE**

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 is 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)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PHILIPSON, GLORIA
11998 SW 268 TERRACE
MIAMI FL 33032

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, which empowers me to execute this report.

SIGNATURE:

GLORIA PHILIPSON

5/3/02

305-248-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)