

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000049811**

1. Entity Name
LILLY OF THE VALLEY BRIDAL COUTURE, INC.

Principal Place of Business

**681 WEST 63RD DRIVE
HIALEAH FL**

Mailing Address

**681 WEST 63RD DRIVE
HIALEAH FL**

2. Principal Place of Business

5990 West 20th Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HIALEAH, FL

City & State

Zip
33116

Country
USA

Zip

Country

4. FEI Number **65-0840867**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SOSA, HILDA
681 WEST 63RD DRIVE
HIALEAH FL**

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

TITLE **PD** ☐ Delete
NAME **SOSA, HILDA**
STREET ADDRESS **681 WEST 63RD DRIVE**
CITY-ST-ZIP **HIALEAH FL**

TITLE **TD** ☐ Delete
NAME **SOSA, XIOMARA**
STREET ADDRESS **681 WEST 63RD DRIVE**
CITY-ST-ZIP **HIALEAH FL**

TITLE **SVD** ☐ Delete
NAME **DELEON-ARIAS, LINNETTE**
STREET ADDRESS **15451 NW 14TH CT**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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: X

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
AND
FILED

00 JUL 24 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

AD

June 17, 2000

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Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Ref.: Uniform Annual Report /Doc # P98000049811

Dear Sirs:

In regard to the above-referred annual report, hereby we request to forgive the additional charge of \$ 400.00 for late filing. The reason why we are requesting this is because we did not know that the due date for filing that report without the additional charge was May, 1st, 2000 and because WE DID NOT RECEIVE THE REPORT'S FIRST NOTICE.

The address shown in the annual report is correct. Therefore, we don't know the reason why we never got the form.

We kindly request your prompt attention to this matter.

Along with this letter we are sending a check for \$ 150.00 and the annual report duly filled out.

Very truly yours,

Hilda Sosa
President