

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State

06-08-2001 90006 042 ***150.00

DOCUMENT # **P98000049811** ✓

1. Entity Name
Gilly of the Valley Bridal Couture

Principal Place of Business Mailing Address
5990 West 20th Ave. Same
Hialeah, Fl. 33016

2. Principal Place of Business 3. Mailing Address
5990 West 20th Ave. Same as above
 Suite, Apt. #, etc. Suite, Apt. #, etc.
N/A

City & State City & State
Hialeah, Fl.
 Zip Country Zip Country
33016 U.S.A.

6. Name and Address of Current Registered Agent
Hilda Sosa
390 NW 86 Ct. #804
Miami, Fl. 33126

4. FFE Number
65-0840867
 Applied For
 Not Applicable

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

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 _____ (NOT) 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		
TITLE	P/D / CHAIRWOMAN	<input type="checkbox"/> Delete
NAME	HILDA SOSA	
STREET ADDRESS	390 N.W. 86 CT. #804	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	VP/D / S	<input type="checkbox"/> Delete
NAME	LINETTE DE LEON	
STREET ADDRESS	15451 NW. 14 CT	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	P/D	<input type="checkbox"/> Delete
NAME	XIOMARA SOSA	
STREET ADDRESS	6095 WEST 18 AVE #5306	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 no 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: **Hilda Sosa**

06-05-011 305) 828-7400

CR2E034 (11/00)