

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065309

1. Entity Name

SELECTED BRIDES, INC.

Principal Place of Business

1133 S. UNIVERSITY DR.
#212
PLANTATION FL 33324

Mailing Address

1133 S. UNIVERSITY DR.
#212
PLANTATION FL 33324

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 65-0854449

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ACOCCELLA, ANGELO
5740 HOLLYWOOD BLVD., SUITE 600
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name ANGELO ACOCCELLA

Street Address (P.O. Box Number is Not Acceptable)

1133 S. UNIVERSITY DR #212

City PLANTATION FL FL Zip Code 33324

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 _____ (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
NAME ACOCCELLA, ANGELO
STREET ADDRESS 1133 S. UNIVERSITY DR. -STE 212
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

3/12/01

954 3364753

Date

Daytime Phone #

0268591

CR2E034 (10/00)

FILED
Mar 15, 2001 8:00 am
Secretary of State
03-15-2001 90010 009 ***150.00



DO NOT WRITE IN THIS SPACE