

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90971 046 ***150.00

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1. Entity Name
MAYRA WEDDINGS & THINGS, INC.

Principal Place of Business
**370 WEST 65 ST.
HIALEAH FL 33012**

Mailing Address
**370 WEST 65TH ST
HIALEAH FL**



2. Principal Place of Business
370 West 65 St.

3. Mailing Address

Suite, Apt. #, etc.
Hialeah

Suite, Apt. #, etc.

City & State
Florida

City & State

Zip
33012

Country

Zip

Country

4. FEI Number **65-0936168**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAS, MAYRA Z
370 WEST 65TH ST
HIALEAH FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mayra Gras*

3-24-03

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
NAME **GRAS, MAYRA**
STREET ADDRESS **19861 NW 64TH CT**
CITY-ST-ZIP **MIAMI FL**

TITLE **PD** Change Addition
NAME **GRAS MAYRA**
STREET ADDRESS **6845 N.W 169 Street E**
CITY-ST-ZIP **MIAMI, Florida 33015**

TITLE **SD** Delete
NAME **OSCAR, OSCAR R**
STREET ADDRESS **19861 NW 64TH CT**
CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mayra Gras*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)