

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90266 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # V50766**

1. Entity Name

**BRIDAL PLACEMENTS OF BOCA INC.**

Principal Place of Business

5401 NW BROKEN SOUND  
 STE 100  
 BOCA RATON FL 33487  
 US

Mailing Address

5401 NW BROKEN SOUND  
 STE 100  
 BOCA RATON FL 33487-3512  
 US

2. Principal Place of Business

3. Mailing Address

1690 SOUTH CONGRESS AVE.  
 Suite, Apt. #, etc.  
 SUITE 120

116 WELSH RD.  
 Suite, Apt. #, etc.

City & State

DELAAY BEACH, FL

City & State

HORSHAM, PA

Zip

33445

Country

U.S.A

Zip

19044

Country

U.S.A

4. FEI Number

65-0351207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PICCIONE, VINCENT  
 5401 BROKEN SOUND BLVD  
 STE 100  
 BOCA RATON FL 33487

Name

PICCIONE, VINCENT

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

1690 SOUTH CONGRESS AVE.

SUITE 120

City

DELAAY BEACH, FL

Zip Code

33445

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 \$150.00**  
**After MAY 1, 2000 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          | PD                  | <input type="checkbox"/> Delete |
| NAME           | PICCIONE, VINCENT E |                                 |
| STREET ADDRESS | 116 WELSH RD.       |                                 |
| CITY-ST-ZIP    | HORSHAM PA          |                                 |
| TITLE          | SD                  | <input type="checkbox"/> Delete |
| NAME           | PICCIONE, MICHELE   |                                 |
| STREET ADDRESS | 116 WELSH RD.       |                                 |
| CITY-ST-ZIP    | HORSHAM PA          |                                 |
| TITLE          | AC                  | <input type="checkbox"/> Delete |
| NAME           | WELTZ, JOSEPH       |                                 |
| STREET ADDRESS | 116 WELSH RD        |                                 |
| CITY-ST-ZIP    | HORSHAM PA 19044    |                                 |
| 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    |                     |                                 |

|                |  |   |
|----------------|--|---|
| 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           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| 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           |  |   |
| 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH WELTZ V.P. FINANCE

5/1/00 (215) 659-5300  
 Date Daytime Phone #

CR2E034 (9/99)