

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 24, 2001 8:00 am**  
**Secretary of State**

08-24-2001 90005 030 \*\*\*550.00

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**DOCUMENT # F00000002745**  
 1. Entity Name  
**PUIG TRAVEL RETAIL NORTH AMERICA, INC.**

Principal Place of Business <b>2525 SW 3RD AVE. MIAMI FL 33129</b>	Mailing Address <b>2525 SW 3RD AVE. MIAMI FL 33129</b>
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**C0075621**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>100 Almeria Ave</b>	3. Mailing Address <b>100 Almeria Ave</b>
Suite, Apt. #, etc. <b>Suite 320</b>	Suite, Apt. #, etc. <b>Suite 320</b>
City & State <b>Coral Gables Florida</b>	City & State <b>Coral Gables Florida</b>
Zip <b>33134</b>	Country

4. FEI Number <b>13-4036017</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**PRUD'HOMME, GILLES**  
**2525 SW 3RD AVE., SUITE 201**  
**MIAMI FL 33129**  
*Suite 320 Coral Gables Florida 33134*

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PUIG, MARC</b> <b>9 SKYLINE DR</b> <b>HAWTHORNE NY-10532</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST MCCURMIDO, ROBERT F</b> <b>9 SKYLINE DR</b> <b>HAWTHORNE NY 10532</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C ALEURMIDO, FERNANDO</b> <b>9 SKYLINE DR</b> <b>HAWTHORNE NY 10532</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

**SIGNATURE:** *Carly Equi* **8/16/01** **914-347-3682**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)