

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

07-05-2001 90018 001 \*\*\*250.00  
 07-05-2001 90018 002 \*\*\*250.00  
 07-24-2001 90019 030 \*\*\*\*50.00

**DOCUMENT # P00000030349**

LA

1. Entity Name  
**ST. CLAIRE CLOTHING COMPANY**

Principal Place of Business Mailing Address  
**6865 SUNRISE TERRACE 6865 SUNRISE TERRACE**  
**CORAL GABLES, FL. 33133 CORAL GABLES FL 33133**

00074021

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **105 0997101** 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**

**DAVIS, AIMEE**  
**6865 SUNRISE TERRACE**  
**CORAL GABLES FL 33133**

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

*[Handwritten 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, 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PO	DAVIS, AIMEE		
STREET ADDRESS	8865 SUNRISE TERRACE		
CITY-ST-ZIP	CORAL GABLES FL 33133		
VD	MEDINA, DOLLY		
STREET ADDRESS	8865 SUNRISE TERRACE		
CITY-ST-ZIP	CORAL GABLES FL 33133		

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: *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/01 (805) 661-3622  
Date Daytime Phone #

CR2E034 (10/00)



Attachment # P00000030349

CD074021

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 7, 2001

ST. CLAIRE CLOTHING COMPANY  
6865 SUNRISE TERRACE  
CORAL GABLES, FL 33133

Subject: ST. CLAIRE CLOTHING COMPANY

Reference Number: P00000030349

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$500.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$50.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jg  
ANNUAL REPORTS SECTION