

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90076 025 \*\*\*150.00

DOCUMENT # P93000011011

1. Entity Name

ROUGE CLOTHIERS, INC.

Principal Place of Business

6816 MAIN ST  
MIAMI LAKES FL 33014

Mailing Address

8004 NW 154 ST STE 236  
MIAMI LAKES FL 33016

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 65-0386807

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

CASERTA, RENEE  
8004 NW 154 ST STE 236  
MIAMI FL 33016

Same  
→

Name CASERTA, RENEE

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

1744 DAYTONIA RD

MIAMI BEACH,

City

FL

Zip Code

33141

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, 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 P  
NAME CASERTA, RENEE  
STREET ADDRESS 8004 NW 154 ST, #236  
CITY-ST-ZIP MIAMI LAKES FL 33016 ☒ Delete

TITLE P  
NAME CASERTA, RENEE  
STREET ADDRESS 1744 DAYTONIA RD  
CITY-ST-ZIP MIAMI BEACH, FL 33141 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)