

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90177 023 \*\*\*150.00

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DOCUMENT # P96000036232

1. Entity Name  
PUIG, INC.



Principal Place of Business

~~628 ALEDO AVE.~~  
CORAL GABLES FL 33134

US CHANGE ↘

Mailing Address

~~628 ALEDO AVE.~~  
CORAL GABLES FL 33134

US change ↘

2. Principal Place of Business

1701 W 37 ST

Suite, Apt. #, etc.

Bay #17

City & State

MIAMI FL

Zip

33012

Country

USA

3. Mailing Address

1701 W 37 ST

Suite, Apt. #, etc.

#17

City & State

MIAMI FL

Zip

33012

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0681025

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PUIG, JUAN E  
~~628 ALEDO AVE.~~  
CORAL GABLES FL 33134

change

7. Name and Address of New Registered Agent

Name

PUIG, JUAN E

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

3009 ALHAMBRA CIR

City

CORAL GABLES

FL

Zip Code

33134

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

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

TITLE D  
NAME PUIG, JUAN E  
STREET ADDRESS ~~628 ALEDO AVE.~~  
CITY-ST-ZIP CORAL GABLES FL 33134  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME PUIG, JUAN E  
STREET ADDRESS 3009 ALHAMBRA CIR.  
CITY-ST-ZIP CORAL GABLES FL 33134  
☒ Change ☐ Addition

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)