

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90052 014 ***150.00

0179168

DOCUMENT # P96000086579

1. Entity Name
BELLA DONNA COUTURE, INC.

Principal Place of Business Mailing Address
5819 SUNSET DRIVE 5819 SUNSET DRIVE
SO MIAMI FL 33143 SO MIAMI FL 33143

00049587



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Same as above

City & State City & State

4. FEI Number **65-0287325** 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			
SARMENTERO, ASTRID BERGAL 5819 SUNSET DRIVE SO MIAMI FL 33143				Name <i>Astrid Sarmentero (Same)</i>			
				Street Address (P.O. Box Number is Not Acceptable) <i>5819 Sunset Dr.</i>			
				City <i>So Miami</i>		FL	

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 _____ (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. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$350.00
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	PSTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SARMENTERO, ASTRID M			NAME			
STREET ADDRESS	5819 SUNSET DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SO MIAMI FL 33143			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SARMENTERO, JORGE			NAME			
STREET ADDRESS	5819 SUNSET DRIVE			STREET ADDRESS			
CITY-ST-ZIP	SO MIAMI FL 33143			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *[Signature]* Date: *4/23/01* Daytime Phone #: *(305) 6603-2175*

CR2E034 (10/00)