## 2001 UNIFORM BUSINESS REPOR

## DOCUMENT # P97000034178

1. Entity Name

JULIETA'S COUTURE & ALTERATIONS, INC.

Country

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

6. Name and Address of Current Registered Agent

Principal Place of Business

2. Principal Place of Business

RUIZ, ARMANDO

6856 STIRLING ROAD DAVIE FL 33024

==Suite?Apt.#, etc: -

City & State

Zip

Mailing Address

6856 STIRLING ROAD DAVIE FL 33024

6856 STIRLING ROAD DAVIE FL 33024

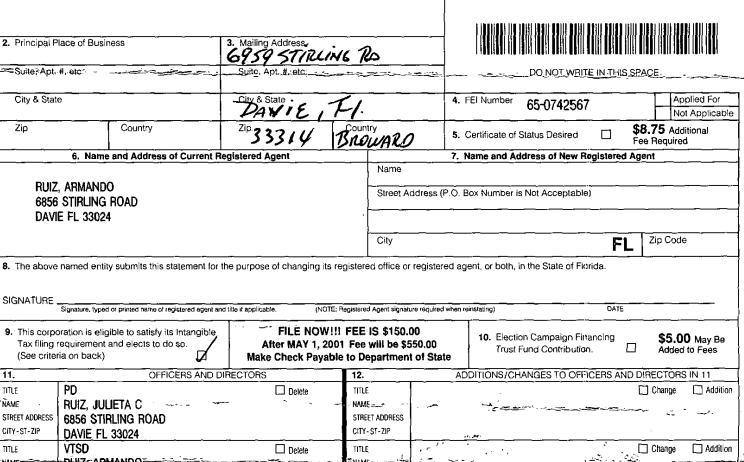
3. Mailing Address.

6959 STIRLING RO

## **FILED** Mar 08, 2001 8:00 am Secretary of State

03-08-2001 90014 002 \*\*\*150.00

81333



Tax filing requirement and elects to do so Afte		After MAY 1, 2001	FILE NOW!!! FEE IS \$150.00 ter MAY 1, 2001 Fee will be \$550.00 Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	May Be to Fees
11. OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS		AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUIZ, JULIETA C 6856 STIRLING ROAD DAVIE FL 33024	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	VTSD RUIZ, ARMANDO 6856 STIRLING ROAD DAVIE FL 33024	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP.	, , , , , , , , , , , , , , , , , , ,		☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

Name

City

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: \