

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90028 046 \*\*\*150.00

**DOCUMENT # P98000025430**

1. Entity Name  
**RENE RUIZ COUTURE, INC.**

Principal Place of Business : Mailing Address  
**102 GIRALDA AVE** : **% MOSHER & SCHNEIDER, P.A.**  
**CORAL GABLES FL 33134** : **1001 FLAGLER CENTER, 505 S. FLAGLER DR.**  
**WEST PALM BEACH FL 33401**

**101416**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
		<b>250 Australian Avenue</b>		<b>65-0842550</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
		<b>1550 Clearlake Centre</b>					
City & State		City & State					
		<b>West Palm Beach, Florida</b>					
Zip	Country	Zip	Country				
		<b>33401</b>	<b>USA</b>				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SCHNEIDER, JOHN C ESQUIRE</b> <b>% MOSHER &amp; SCHNEIDER, P.A.</b> <b>1001 FLAGLER CENTER, 505 S. FLAGLER DR.</b> <b>WEST PALM BEACH FL 33401</b>				Name			
				<b>Schneider, John C.</b>			
				Street Address (P.O. Box Number is Not Acceptable)			
				<b>250 Australian Avenue</b>			
				<b>1550 Clearlake Centre</b>			
				City		Zip Code	
				<b>West Palm Beach</b>		<b>FL 33401</b>	

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **John C. Schneider** DATE **4-25-00**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>RUIZ, PABLO R</b>			NAME			
STREET ADDRESS	<b>102 GIRALDA AVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>			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			
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: DATE: **4-29-00** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)