

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025430

1. Entity Name  
RENE RUIZ COUTURE, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**  
05-19-2000 90028 046 \*\*\*150.00

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  
Suite, Apt. #, etc. : Suite, Apt. #, etc.  
City & State : City & State  
Zip : Zip  
Country : Country

4. FEI Number 65-0842550  
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

SCHNEIDER, JOHN C ESQUIRE  
% MOSHER & SCHNEIDER, P.A.  
1001 FLAGLER CENTER, 505 S. FLAGLER DR.  
WEST PALM BEACH FL 33401

Name  
Schneider, John C.  
Street Address (P.O. Box Number is Not Acceptable)  
250 Australian Avenue  
1550 Clearlake Centre  
City West Palm Beach FL Zip Code 33401

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 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. (See criteria on back) ☐

**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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUIZ, PABLO R		NAME		
STREET ADDRESS	102 GIRALDA AVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134		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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)