

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/5  
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**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90078 001 \*\*\*150.00  
04-09-2001 90078 002 \*\*\*\*35.00

**DOCUMENT # P98000025430**

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

Principal Place of Business  
**102 GIRALDA AVE  
CORAL GABLES FL 33134**

Mailing Address  
**102 Giralda Ave.  
Coral Gables, FL 33134**

2. Principal Place of Business  
**102 Giralda Ave.**

3. Mailing Address  
**102 Giralda Ave.**

Suite, Apt. #, etc.

City & State  
**Coral Gables**

City & State

Zip  
**33134**

Country  
**US**

Country  
**US**



DO NOT WRITE IN THIS SPACE

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

**SCHNEIDER, JOHN C ESQUIRE  
250 AUSTRALIAN AVENUE  
1550 CLEARLAKE CENTRE  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name  
**Pablo R. Ruiz**

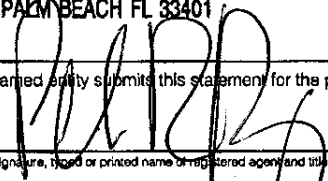
Street Address (P.O. Box Number is Not Acceptable)  
**102 Giralda Ave.**

City  
**Coral Gables,**

State  
**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.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE **4-20-01**

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, 2001 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**

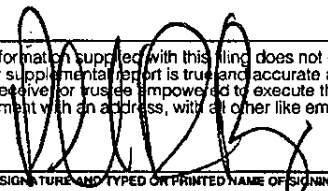
11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>P. RUIZ, PABLO R</b>	<b>102 GIRALDA AVE</b>	<b>CORAL GABLES FL 33134</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>P.D.S.T.</b>			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  **Pablo Rene Ruiz** **4-2-01 (305) 446-2362**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)