


FILED
Jan 31, 2003 8:00 am
Secretary of State

03371353 AV

DOCUMENT # P98000025430


1. Entity Name
RENE RUIZ COUTURE, INC.



Secretary of State
01-31-2003 90380 021 ***150.00

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
270 Miracle Mile
Suite, Apt. #, etc.

3. Mailing Address
c/o John Pell 7500 Red Rd.
Suite, Apt. #, etc.
#B

City & State
Coral Gables FL

City & State
Miami FL

4. FEI Number
65-0842550

Applied For
Not Applicable

Zip
33134

Country

Zip
33143

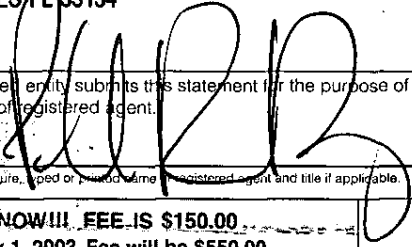
Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RUIZ, PABLO R
102 GIRALDA AVE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name: PABLO RUIZ
Street Address (P.O. Box Number is Not Acceptable)
730 3 St. #107
City: Miami Beach FL Zip Code: 33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 1/17/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

POST
RUIZ, PABLO R
102 GIRALDA AVE
CORAL GABLES FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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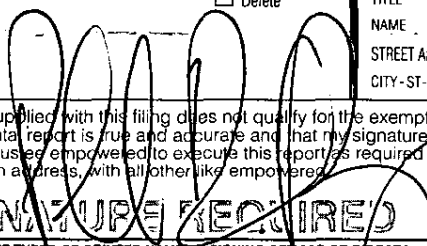
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

Date: 1/17/03 Daytime Phone #