

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2001 8:00 am**
Secretary of State

01-25-2001 90267 041 ***158.75

DOCUMENT # P99000047538

1. Entity Name

VOGUE USA CORP.

Principal Place of Business

**5595 SW 8 ST
MIAMI FL 33184**

Mailing Address

**5595 SW 8 ST
MIAMI FL 33184**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **33134**

Country

Zip **33134**

Country

4. FEI Number **65-0922299**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**TORRALBA, AGUSTIN
5595 SW 8 ST
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **AGUSTIN TORRALBA**Street Address (P.O. Box Number is Not Acceptable)
13901 SW 8 STCity **MIAMI****FL**Zip Code **33184**

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

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

AGUSTIN TORRALBA

(NOTE: Registered Agent signature required when reinstating)

01-15-01

DATE

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 **D** ☐ Delete
NAME **HERNANDEZ, JORGE A**
STREET ADDRESS **8777 COLLINS AVE #1206**
CITY-ST-ZIP **SURFSIDE FL 33154**TITLE **D** ☐ Delete
NAME **HERNANDEZ, CARLOS R**
STREET ADDRESS **8777 COLLINS AVE #1206**
CITY-ST-ZIP **SURFSIDE FL 33154**TITLE **D** ☐ Delete
NAME **HERNANDEZ, PEDRO E**
STREET ADDRESS **8777 COLLINS AVE #1206**
CITY-ST-ZIP **SURFSIDE FL 33154**TITLE **D** ☐ Delete
NAME **TORRALBA, AGUSTIN E**
STREET ADDRESS **13901 SW 8 ST**
CITY-ST-ZIP **SURFSIDE FL 33184**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **MIAMI FL 33184**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AGUSTIN TORRALBA

Date

Daytime Phone #

01-15-01 305-269-7266

CR2E034 (10/00)