

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101402

1. Entity Name
STUDIO ITALIA COUTURE INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90014 041 ***150.00

Principal Place of Business
**18060 BISCAYNE BLVD.
AVENTURA FL 33160**

Mailing Address
**18060 BISCAYNE BLVD.
AVENTURA FL 33160**

642409



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	Country	Zip	Country

4. FEI Number 65-0963738	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**VARGAS, ALEXANDRA
18060 BISCAYNE BLVD.
AVENTURA FL 33160**

7. Name and Address of New Registered Agent

Name **Alexandra Vargas**

Street Address (P.O. Box Number is Not Acceptable)
19195 MISTICK POINT DR Apt 806

City **Aventura** FL Zip Code **33180**

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGAS, ALEXANDRA 18060 BISCAYNE BLVD. AVENTURA FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-SECRETARY VARGAS, ALEXANDRA 19195 MISTICK POINT DR AP 806 AVENTURA 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZULUAGA, FERNANDO V 1900 DIANA DR., #81 HALLANDALE FL 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- PRESIDENT Roberto Castro 905 MANATZ WAY Hallandale FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- VICE PRESIDENT Esperanza Perez 905 MANATI WAY Hallandale, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 all other like empowered.

SIGNATURE: DATE **4/5/01** DAYTIME PHONE # **305-442-4344**

CR2E034 (10/00)