May 13, 2000 8:00 am Secretary of State 05-13-2000 90038 015 ***150.00 DO NOT WRITE IN THIS SPACE Applied For 59-2163809 Not Applicable \$8.75 Additional

2000	UNIFORM	BUSINE	ESS R	EPORT	(UBR)
000111	45NT " FAA	450			

DOCUMENT # **F62459** 1. Entity Name ITALIAN SHOEMAKERS, INC. Principal Place of Business Mailing Address 9350 N.W. 58TH STREET 9350 N.W. 58TH STREET **MIAMI FL 33178** MIAMI FL 33178-1614 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHWARTZ, TERRENCE S. ES Street Address (P.O. Box Number is Not Acceptable) 141 N.E. THIRD AVENUE SUITE 601 MIAMI FL 33132 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **VPD** ☐ Change Addition TITLE Delete TITLE ROMANELLI, PIETRO NAME NAME STREET ADDRESS 9350 N.W. 58TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** ☐ Addition PST Change TITI E ☐ Delete TITLE ROMANELLI, PIETRO NAME NAME STREET ADDRESS STREET ADDRESS 9350 N.W. 58TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 33178 Addition Сhange ☐ Delete TITLE TITLE ROMANELLI, RENZO NAME STREET ADDRESS 100 N. BISCAYNE #1707 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 00000 ☐ Change Addition ☐ Delete TITLE TITLE ROMANELLI, PIETRO NAME NAME STREET ADDRESS STREET ADDRESS 100 N BISCAYNE #1707 CITY-ST-ZIP CITY-ST-ZIF MIAMI FL ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 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 secure 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

SIGNATURE: