

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2003 8:00 am
Secretary of State

04-28-2003 91294 011 ***150.00

DOCUMENT # P02000123732



1. Entity Name
WALKIN - N - KASS, INC.

Principal Place of Business
**1394 N.W. 54 STREET
MIAMI FL 33142**

Mailing Address
**1394 N.W. 54 STREET
MIAMI FL 33142**

33042001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHARPE, LEON E
4770 BISCAYNE BOULEVARD
SUITE 970
MIAMI FL 33137**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PD** ☐ Delete
NAME **BRUNSON, AUBREY**
STREET ADDRESS **70 N.W. 87 STREET**
CITY-ST-ZIP **EL PORTAL FL 33150**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 May 03

Date

305-756-7032

Daytime Phone #

CR2004 (10/02)

Attachment 35042981
WALKIN-N-KLASS #PO2000123732
TUXEDOS SHOES AND FINE MEN'S CLOTHING

TO: Florida Department of State

Subject: Walkin N Klass, Inc.

Ref: PO2000123732

Dear Sir:

Attached is a copy of the
cashier check filed with our annual
report. Block 4 was been completed
with the Company's FEI which is
01-0754990.

Additional inquiries should be directed
to Anthony Brinson at 954 467 5490.
Treasurer J. Brinson