

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90221 049 ***150.00

DOCUMENT # P96000008133

1. Entity Name
THE SHOE EXPORT AND IMPORT COMPANY



Principal Place of Business
269 GIRALDA AVE
SUITE #302
CORAL GABLES FL 33134

Mailing Address
269 GIRALDA AVE
SUITE #302
CORAL GABLES FL 33134



2. Principal Place of Business

550 11TH STREET

3. Mailing Address

550 11TH STREET

Suite, Apt. #, etc.

SUITE #102

Suite, Apt. #, etc.

SUITE #102

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

Zip

33139

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0643312

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

- BURGUERA, ANDRES R
269 GIRALDA AVE
SUITE #302
CORAL GABLES FL 33134

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

02-13-2003

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

**PSD
BURGUERA, ANDRES R
269 GIRALDA AVE, STE 302
CORAL GABLES FL 33134**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDRE BURGUERA

02-13-2003

305-777-2310

Date

Daytime Phone #

CR2E034 (10/02)