

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91113 018 \*\*\*150.00

DOCUMENT # 19600019065  
1. Entity Name  
Shoe Clearance, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 6738 N. University Blvd 3. Mailing Address Box 5032  
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Tombasee FL City & State Deerfield Beach FL  
Zip 33321 Country Country Zip 33442

4. FEI Number 65-0674934 Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name RASKIN Monte  
Street Address (P.O. Box Number is Not Acceptable) 2100 W. Atlantic Ave  
City Deerfield Beach FL Zip Code 33445

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 Monte Raskin DATE 5/12/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	<u>P</u>	TITLE	
NAME	<u>Raskin Andrew</u>	NAME	
STREET ADDRESS	<u>2100 W Atlantic Ave</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Deerfield Beach FL 33442</u>	CITY-ST-ZIP	
TITLE	<u>VP</u>	TITLE	
NAME	<u>Emin, Karol</u>	NAME	
STREET ADDRESS	<u>2100 W Atlantic Ave</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Deerfield Beach FL 33442</u>	CITY-ST-ZIP	
TITLE	<u>VP</u>	TITLE	
NAME	<u>Herwitz Jane</u>	NAME	
STREET ADDRESS	<u>2100</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Deerfield Beach FL 33442</u>	CITY-ST-ZIP	
TITLE	<u>SR</u>	TITLE	
NAME	<u>RASKIN Monte</u>	NAME	
STREET ADDRESS	<u>2100 W Atlantic Ave</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Deerfield Beach FL 33442</u>	CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other, live, empowered.  
SIGNATURE: Monte Raskin DATE 5/12/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)