

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 21, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 272470**1. Entity Name  
FONTANA SHOE CO., INC.Principal Place of Business  
217 LINCOLN ROAD  
MIAMI BEACH FL 331393116Mailing Address  
217 LINCOLN ROAD  
MIAMI BEACH FL 3313931162. Principal Place of Business  
777 NW 72 AVENUE  
3AA123. Mailing Address  
777 NW 72 AVENUE  
3AA12Suite, Apt. #, etc.  
3AA12Suite, Apt. #, etc.  
3AA12City & State  
MIAMI FLCity & State  
MIAMI FLZip  
33126

Country

Zip  
33126

Country

4. FEI Number  
59-1024542Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**SANCHEZ, CARLOS  
3334 CHASE AVEMIAMI BEACH FL  
33140**7. Name and Address of New Registered Agent**

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.

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

(NOTE: Registered Agent signature required when reinstating)

05/21/2001

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**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. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PTS	SANCHEZ, CARLOS E.	217 LINCOLN ROAD MIAMI BEACH FL	<input type="checkbox"/> Delete
	VTD	SANCHEZ JR, ALFREDO	217 LINCOLN ROAD MIAMI BEACH FL	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	DE FELIPE JORGE	100 LINCOLN ROAD, APT 519	MIAMI BEACH FL 33139			
	SD	DE FELIPE ALEJANDRO	100 LINCOLN ROAD, APT 519		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	PD	SANCHEZ CARLOS E	3334 CHASE AVENUE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: CARLOS E. SANCHEZ**

PD

05/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)