

2001 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # 272470

1. Entity Name
FONTANA SHOE CO., INC.

Principal Place of Business Mailing Address

2. Principal Place of Business **777 NW 72 AVE** 3. Mailing Address **3334 CHASE AVE**

Suite, Apt. #, etc. **3334** Suite, Apt. #, etc.

City & State **MIAMI, FL** City & State **MIAMI BEACH, FL**

Zip **33126** Country Zip **33140** Country **USA**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -3 AM 11:36

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1024542** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SANCHEZ, CARLOS
3334 CHASE AVE
MIAMI 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 *Carlos E. Sanchez* (1-28-01)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE FELIPE, JORGE 100 LINCOLN ROAD, APT 519 MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE FELIPE, ALEJANDRO 100 LINCOLN ROAD, APT 519 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400004721224--2 -12/12/01--01080--004 *****61.25 *****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSJD SANCHEZ, CARLOS E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3334 CHASE AVENUE MIAMI BEACH, FL 33140
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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, PRESIDENT** X *Carlos E. Sanchez* (1-28-01)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (11/00)