2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
05-01-2001 90129 002 ***150.00

0502709

DOCUMENT # 315373

1. Entity Name

MIAMI SHOES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 65-3309 MIAMI FL 33265-3309 US	P.O. BOX 65-3309 MIAMI FL 33265-3309 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1163185 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRUZ, EMILIO
~~141 NE 3RD AVENUE~~
~~7TH FLOOR~~
~~MIAMI FL 33132~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 11377 WEST FlAgler STREET

City Miami Fl Zip Code 33174

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) 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	D CRUZ, EMILIO, III ~~141 N.E. 3RD AVENUE, 7TH FLOOR~~ ~~MIAMI FL~~ ☐ Delete	☑ Change ☐ Addition 11377 West FlAgler STREET Miami Fl 33174
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRUZ, AILEEN ~~141 N.E. 3RD AVENUE, 7TH FLOOR~~ ~~MIAMI FL~~ ☐ Delete	☑ Change ☐ Addition 11377 West FlAgler STreeT Miami Fl. 33174
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ 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: [signature] Emilio Cruz III 4/2/01 (305) 480-1499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)