

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State

06-24-2002 90297 036 ***150.00

DOCUMENT # 315373

1. Entity Name
MIAMI SHOES, INC.

Principal Place of Business

P.O. BOX 65-3309
 MIAMI FL 33265-3309
 US

Mailing Address

P.O. BOX 65-3309
 MIAMI FL 33265-3309
 US

969315



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 65-0756
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 65-0756
 Suite, Apt. #, etc.

City & State
 Miami FL

Zip Country
 33265-0756 USA

City & State
 Miami FL

Zip Country
 33265-0756 USA

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

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)

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, 2002 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 CRUZ, EMILIO, III 11377 W FLAGLER STREET MIAMI FL 33174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP CRUZ, EMILIO, III 11377 W FLAGLER STREET MIAMI FL 33174	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP CRUZ, AILEEN 11377 W FLAGLER STREET MIAMI FL 33174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP CRUZ, AILEEN 11377 W FLAGLER STREET MIAMI FL 33174	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

305-480-XXXX

Daytime Phone #

CR2E034 (9/01)