

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 324387

1. Entity Name

SANDS SHOE INC

FILED

Mar 27, 2001 8:00 am  
Secretary of State

03-27-2001 90058 028 \*\*\*150.00

Principal Place of Business

100 N E 2ND AVENUE  
MIAMI FL 33132

Mailing Address

100 N E 2ND AVENUE  
MIAMI FL 33132

00029074



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1201018

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANDLER, JACK  
1751 NE 197 TERRACE  
NORTH MIAMI FL 33179

7. Name and Address of New Registered Agent

Name Sylvia Winikor  
Street Address (P.O. Box Number is Not Acceptable)  
1751 NE 197 Terrace  
City N. Miami Bch FL Zip Code 33179

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 Sylvia Winikor

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/01

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 D  
NAME SANDLER, RACHEL  
STREET ADDRESS 19225 NE. 18TH AVENUE  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 ☐ Delete

TITLE P  
NAME SYLVIA BENDER WINIKOR  
STREET ADDRESS 1751 N.E. 197TH TERRACE  
CITY-ST-ZIP NORTH MIAMI FL 33179 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V.P.  
NAME MICHAEL BENDER  
STREET ADDRESS 1751 N.E. 197 TERR  
CITY-ST-ZIP N.M.B., FLA. 33179 ☐ Change ☒ Addition

TITLE PRESIDENT  
NAME SYLVIA WINIKOR  
STREET ADDRESS 1751 N.E. 197 TERR.  
CITY-ST-ZIP N.M.B., FL. 33179 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: Sylvia Winikor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sylvia Winikor-3/8/01

Date

(305)358-3880

Daytime Phone #

CR2E034 (10/00)