

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 502518

1. Entity Name  
**DOMINO FOOTWEAR, INC.**

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
04-10-2001 90110 039 \*\*\*150.00

Principal Place of Business Mailing Address  
P.O. BOX 402524 P.O. BOX 402524  
MIAMI BCH FL 33140 MIAMI BCH FL 33140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
2065 NW 24 Ave. Same  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State MIAMI, FL MIAMI, FL  
Zip 33140 Country USA Zip 33140 Country U.S.A

4. FEI Number 59-1666893 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

**MATZ, ISAAC**  
**2742 BISCAYNE BLVD.**  
**MIAMI FL 33137**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	SCHNIADOSKI, JULIO	
STREET ADDRESS	5660 COLLINS AVENUE #21A	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHNIADOSKI, RELA	
STREET ADDRESS	5660 COLLINS AVENUE #21A	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SANDS, ISRAEL	
STREET ADDRESS	5660 COLLINS AVENUE, #21A	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SANDS, ROSELYN	
STREET ADDRESS	5660 COLLINS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)