## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED May 30, 2000 8:00 am Secretary of State **DOCUMENT # 535336** 1. Entity Name JOE'S SHOES CORP. 05-30-2000 90041 010 \*\*\*150.00 Principal Place of Business Mailing Address 5386 PALM AVE 5386 PALM AVE HIALEAH FL 33012 HIALEAH FL 33012-2746 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt, #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1741647 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name. BAHAMONDE, JOSE Street Address (P.O. Box Number is Not Acceptable) 720 E 24TH ST HIALEAH FL 33013 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD 0.12.0989 ☐ Change ☐ Addition TITLE 4 TITLE Delete **BAHAMONDE.JOSE** NAME NAME STREET ADDRESS STREET ADDRESS 720 E 24TH ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Addition □ Change ☐ Delete TITLE **BAHAMONDE, JOSE** NAME NAME STREET ADDRESS STREET ADDRESS 720 E 24TH ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Addition □ Delete Change TITLE BAHAMONDE: ADELAIDA NAME NAME STREET ADDRESS STREET ADDRESS 720 E 24TH ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #