

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 614363
Entity Name

NATIONAL SHOE REPAIR CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 6069 SW 8TH ST		3. Mailing Address 6069 SW 8TH ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State MIAMI, FL.	
Zip 33144	Country USA	Zip 33144	Country USA

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IN THIS SPACE**

4. FEI Number 59-1895895	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent

Name ALFONSO, ROGELIO
Street Address (P.O. Box Number is Not Acceptable) 6069 SW 8TH ST.
City MIAMI
FL
Zip Code 33144

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]* ROGELIO ALFONSO-PRES. 11/13/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

NAME	TITLE
PST ALFONSO, ROGELIO 5791 SW 19TH ST. MIAMI, FL.	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE: *[Signature]* ROGELIO ALFONSO-PRES. 11/13/02 305-266-0575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NOVEMBER 13, 2002

DEPARTMENT OF STATE
P.O. BOX 1500
TALLAHASSEE, FL. 32302

RE: NATIONAL SHOE REPAIR
UBR 2002- REINSTATEMENT
DOC. # 614363

DEAR SIRs:

I CALLED THE DEPARTMENT OF STATE AND PER AN OFFICER INSTRUCTIONS,
I AM SENDING THE CHECK FOR THE AMOUNT OF \$150.00 ALONG WITH A LETTER
STATING THAT I DID NOT RECEIVE THE 2002 UBR THE 1ST OR THE 2ND
NOTICE, THE ONLY FORM THAT I RECEIVED WAS NOTICE OF ADMINISTRATIVE
DISSOLUTION OR REVOCATION, PLEASE I AM RESPECTFULLY REQUESTING THAT
THE REINSTATEMENT FEE WILL BE WAIVED.

THANK YOU IN ADVANCE FOR YOUR COOPERATION IN THIS MATTER.

SINCERELY,



ROGELIO ALFONSO
NATIONAL SHOE REPAIR
1005 S.W. 87TH AVE.
MIAMI, FL. 33174

ENC.