

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F28677

1. Entity Name

Shoe Repair Plus, Inc.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90083 008 ***150.00

Principal Place of Business

Mailing Address

80052543

2. Principal Place of Business

15968 Laurel Oaks Circle

3. Mailing Address

15968 Laurel Oaks Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Delray Beach, FL

City & State
Delray Beach, FL

4. FEI Number

59-2078295

Applied For

Not Applicable

Zip
33484

Country
USA

Zip
33484

Country
USA

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

Gregory Raya

4850 N.W. 29th Court, Apt. 326

Lauderdale Lakes, FL 33313

Name
Gregory Raya

Street Address (P.O. Box Number is Not Acceptable)

15968 Laurel Oaks Circle

City
Delray Beach

FL

Zip Code
33484

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 *Gregory Raya*

Gregory Raya, Registered Agent

Signature, typed or printed name of registered agent and title 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, 2000 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	P, D Gregory Raya 4850 N.W. 29th Court, Apt. 326 Lauderdale Lakes, FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Gregory Raya 15968 Laurel Oaks Circle Delray Beach, FL 33484	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gregory Raya* Gregory Raya, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X

561-638-4999

Date

Daytime Phone #

CR2E034 (9/99)