

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004985

1. Entity Name

ISLAND FOOTWEAR, INC.

FILED

Mar 07, 2000 8:00 am  
Secretary of State

03-07-2000 90064 037 \*\*\*150.00

Principal Place of Business

Mailing Address

MIDDLE NECK ROAD, SUITE 16  
GREAT NECK NY 11021

260 MIDDLE NECK ROAD, SUITE 16  
GREAT NECK NY 11021-1175

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19288 SKYRIDGE CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

19288 SKYRIDGE CIRCLE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON FL

4. FEI Number

13-3506089

Applied For

Not Applicable

Zip

33498

Country

USA

Zip

33498

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

NATIONAL CORPORATE RESEARCH, LTD., INC.  
1406 HAYS STREET, SUITE #2  
TALLAHASSEE FL 32301

Name

DAVID OPPENHEIM

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

19288 SKYRIDGE CIRCLE

City

BOCA RATON

FL

Zip Code

33498

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

V. Pres.  
(NOTE: Registered Agent signature required when reinstating)

3/2/00  
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 PCD  
OPPENHEIM, DAVID  
STREET ADDRESS 260 MIDDLE NECK ROAD, SUITE 16  
CITY-ST-ZIP GREAT NECK NY 11021 ☐ Delete

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 19288 SKYRIDGE CIRCLE  
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE NAME VD  
OPPENHEIM, JENNIFER  
STREET ADDRESS 260 MIDDLE NECK ROAD, SUITE 16  
CITY-ST-ZIP GREAT NECK NY 11021 ☐ Delete

TITLE NAME ☒ Change ☐ Addition  
STREET ADDRESS 19288 SKYRIDGE CIRCLE  
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 an other like empowered.

SIGNATURE: X

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/2/00 561-852-4776

CR2E034 (9/99)