FILED

305-594-0460 Dayline Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: CARMEN E. MOHLMAN X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # G49910 1. Entity Name					Feb 09, 2001 8:00 am Secretary of State			
HEARIL	AND SHOE COMPANY, INC.					-09-2001 90214		
Principal Plac	ce of Business	Mailing Address						
1725 N.W. 79T Miami FL 3312		1725 N.W. 79TH AVE. MIAMI FL 33126						
2. Principal Place of Business 3. Mailing Address								
9280	N.W. 12 STREET	12 STRE			O NOT WRITE IN THI			
MA/A/	MI, FL	Miami, FL			4. FEI Number 59)- 2314383	No	oplied For ot Applicable
<u> 33/7</u>	2 USA 6. Name and Address of Current Re	33172	country f	f	5. Certificate of Statu		\$8.75 Add Fee Require	
MOL			Name	1	MEN E	- 444 (IMAN	/
1727	HLMAN, CARMEN ELENA 7 NW 79TH AVE	Street A	ddress (P.C	D. Box Number is Not	Acceptable)			
MIAI	MI FL 33126		92	80 N	1.W. 12	STREE	<i>t</i>	
			1	AMI		F	L 331	72
8. The above	e named entity submits this statement for t	he purpose of changing its r	egistered office o	r registered	agent, or both, in the	State of Florida.		
SIGNATURE	CALMEN E. MOHO Signature, typed or printed name of registered agent and	-MAN X (NOTE:	Registered Agent signat	ture required who	en reinstating)	DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax file NOW!!! FEE IS After MAY 1, 2001 Fee with Make Check Payable to Dept.				550.00	I	ampaign Financing Contribution.		0 May Be I to Fees
11.	OFFICERS AND DI		12.		ADDITIONS/CHANG	ES TO OFFICERS AF		
TITLE NAME STREET ADDRESS	STD DUNN, HARRY 1725 N.W. 79TH AVE.	☐ Delete	TITLE NAME STREET ADDRESS		N.W. 12		Change	☐ Addition
CITY-ST-ZIP	MIAMI FL DP		CITY-ST-ZIP	MIA	MI, FL E	3317A	—	
TITLE NAME STREET ADDRESS	MOHLMAN, CARMEN ELENA 1725 NW 79TH AVE	☐ Delete	NAME STREET ADDRESS	MOH 1	MAN, CAI N.W. 12 MI, FL 3	CMENEIER STREET	Change	☐ Addition
CITY _E ST-ZIP. TITLE	- MIAMI FL 33126	☐ Delete	CITY-ST-ZIP	THICH	MI FL D	3/72	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		_ office	NAME STREET ADDRESS CITY-ST-ZIP				Gridings	
TITLE		☐ Delete	TITLE	<u> </u>			☐ Change	Addition
name Street address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
13. I hereby of indicated of the cor	Certify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my ered to execute this report a	the exemption state	ave the sam	ne legal effect as if m	ade under oath: that	Lam an officer of	or director