

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90016 016 ***150.00

DOCUMENT # G80804

1. Entity Name

FASHION FEET, INC.

Principal Place of Business

Mailing Address

2516 NW 2ND AVENUE
FL 33127

2516 NW 2ND AVENUE
MIAMI FL 33127-4306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2347531

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KUBILIUN, A.
17600 N.E. 10TH AVE.
NORTH MIAMI BEACH FL 33162

Name

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

City

FL

Zip Code

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)

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	PD	<input type="checkbox"/> Delete
NAME	KUBILIUN, A.	
STREET ADDRESS	17600 NE 10TH AVE.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	SDV	<input type="checkbox"/> Delete
NAME	KUBILIUN, I.	
STREET ADDRESS	17600 NE 10TH AVE.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	GOLDE KUBILIUN	
STREET ADDRESS	2516 NW 2 AVE	
CITY-ST-ZIP	MIAMI FLA 33127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2516 N.W. 2ND AVE	
CITY-ST-ZIP	MIAMI, FLA. 33127	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2516 N.W. 2ND AVE	
CITY-ST-ZIP	MIAMI FL. 33127	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	2516 NW 2 AVE	
CITY-ST-ZIP	MIAMI, FLA 33127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 all other like empowered.

SIGNATURE:

ISAK KUBILIUN

* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00 305 5766535

Date

Daytime Phone #

CR2E034 (9/99)