FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Sep 25, 2002 8:00 am Secretary of State DOCUMENT # H16081 1. Entity Name 09-25-2002 90123 017 ***550.00 BEGI SHOE CORP. Principal Place of Business Mailing Address SAM & ROSE STRIDERITE C/O STRIDE RITE SHOE 1645 W. 49 ST. 1645 W. 49 ST. HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2438396 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent SUPRASKI, LOUIS A. Street Address (P.O. Box Number is Not Acceptable) 799 BRICKELL PLAZA SUITE 800 **MIAMI FL 33131** City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition GILFARB, SAMUEL NAME NAME 10275 S.W. 93 TERR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP SD ☐ Delete TITLE TITLE ☐ Change Addition GILFARB, ROSE NAME NAME STREET ADDRESS 10275 S.W. 93 TERR. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-748.= GITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP 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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachment with an add



MICHAEL GLINSKY & COMPANY, CPA, PA

Certified Public Accountants, Members AICPA, FICPA

873884

August 29, 2002

Florida Department of State Division of Corporations P.O. Box 6327 ______ Tallahassee, Florida 32314

I am writing this letter on behalf of Mr. Samuel Gilfarb, President of Begi Shoes Corporation. Mr. Gilfarb has been ill since the beginning of the year and culminated a couple of weeks ago with an open heart surgery. Mr. Gilfarb is recuperating and working part time. He was looking through all his mail and found this 2002 Uniform Business Report. On behalf of Mr. Gilfarb, we are asking you to accept this check for \$150.00 and to abate the penalties on account of the above.

Very truly yours,

Michael Glinsky