

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90029 008 ***150.00

DOCUMENT # H59044

1. Entity Name Perla Shoes, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
474 West 29 St.

3. Mailing Address
3400 NE 192 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#909

City & State
Hialeah, FL 33012

City & State
Aventura, FL

4. FEI Number
59-2540315

Applied For

Not Applicable

Zip
33012

Country
USA

Zip
33180

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Perla Egozi

Street Address (P.O. Box Number is Not Acceptable)
3400 NE 192 St. #909

City
Aventura

FL

Zip Code
33180

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.

Perla Egozi, Pres.

SIGNATURE

Perla Egozi
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-4-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P,V,D,T
Egozi, Perla
3400 NE 192 St. #909
Aventura, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Aventura, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Egozi, David
3400 NE 192 St. #909
Aventura, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Aventura, FL 33180

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

Perla Egozi, Pres.

SIGNATURE:

Perla Egozi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-02

CR2E034B (12/01)