

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91525 026 ***150.00

DOCUMENT # **H64049**

1. Entity Name

AMADEUS SHOES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o ESTHER LLOPIZ

Suite, Apt. #, etc.

7135 COLLINS AVE, #401

City & State

MIAMI BEACH, FL

Zip

33141

Country

USA

3. Mailing Address

c/o ESTHER LLOPIZ

Suite, Apt. #, etc.

7135 COLLINS AVE, #401

City & State

MIAMI BEACH, FL

Zip

33141

Country

USA

4. FEI Number

59 1540081

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **ESTHER LLOPIZ**

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

7135 COLLINS AVE, #401

City **MIAMI BEACH**

FL

Zip Code

33141

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IN THIS SPACE**

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) ☐

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 **P/D**
NAME **BALLATE, JOSE RAMON**
STREET ADDRESS **7135 COLLINS AVE, #401**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE **V/D**
NAME **BALLATE, ISIDRO**
STREET ADDRESS **7135 COLLINS AVE., #401**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE **S/D**
NAME **LLOPIZ, ESTHER**
STREET ADDRESS **7135 COLLINS AVE, #401**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

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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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ESTHER LLOPIZ

4/22/02

Date

Daytime Phone #

CR2ED34B (12/01)