2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the rec changed, or on an attachme

SIGNATURE:

FILED **DOCUMENT # K41969** Feb 04, 2000 8:00 am 1. Entity Name **Secretary of State** LAINIE SHOE CORP. 02-04-2000 90011 011 ***150.00 Principal Place of Business Mailing Address 19575 BISCAYNE BLVD 19575 BISCAYNE BLVD #1361 NORTH MIAMI BEACH FL 33180-2349 NORTH MIAMI BEACH FL 33180 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0085973 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SANDLER, MYRON Street Address (P.O. Box Number is Not Acceptable) **4020 SHERIDAN STREET** HOLLYWOOD FL 33021 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Change ☐ Delete TITLE TITLE GREENBERG, ELAINE NAME NAME STREET ADDRESS STREET ADDRESS 19575 BISCAYNE BLVD. CITY-ST-ZIP CITY-ST-ZIP N MIAMI BCH FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE GREENBERG, HARVEY NAME NAME STREET ADDRESS 19575 BISCAYNE BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI BCH FL ☐ Addition ☐ Delete TITLE TITLE NAME ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TOLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP is filipg does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. Thereby certify that the information supplied v indicated on this report or suppler nd accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 i