2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K75239

1. Entity Name

SOSA SHOES, CORP.

FILED
Feb 17, 2002 8:00 am
Secretary of State
02-17-2002 90026 002 ***150.00

Principal Place of Business	Mailing Address
3830 SW 129TH AVE	314 NW 25TH STREET
MIAMI FL 33127	MIAMI FL 33175
US	US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
314 N.W. 25th St.
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
Miami, Fl.
Zip 33127 Country USA

City & State

Zip   Country

4. FEI Number 65-0139044

Applied For
Not Applicable

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
SOSA, ERASMO	Name
3830 SW 129TH AVE	Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33175	
	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, 2002 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	D		☐ Delete	TITLE		☐ Change	☐ Addition
NAME	SOSA, ERASMO			NAME			
STREET ADDRESS	107 LONG KEY RD.			STREET ADDRESS			
CITY-ST-ZIP	KEY LARGO FL			CITY-ST-ZIP			
TITLE			☐ Delete	TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			☐ Delete	TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			☐ Delete	TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			☐ Delete	TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			☐ Delete	TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: _Erasmo Sosa_   1/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #