

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L00000015129

**1. Entity Name**  
SIGNATURE SHOES, LLC

**Principal Place of Business**  
343 N.W. 25 St  
MIAMI, FL 33127

**Mailing Address**

**FILED**  
01 FEB 26 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.

**2. Principal Place of Business**  
343 NW 25 St  
Suite, Apt. #, etc.

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

**City & State**  
MIAMI, FL 33127

**City & State**

**Zip** 33127 **Country** USA

**City & State**

**Zip** **Country**

**DO NOT WRITE IN THIS SPACE**

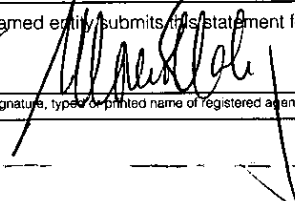
**4. FEI Number** ☒ Applied For ☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
MORENO HABIF  
1440 S. Biscayne Pt.  
MB, FL 33141

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
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**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

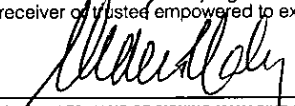
**9. MANAGING MEMBERS/MEMBERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	SAM WIEZEL	35 West 96 St #4A	NY, NY 10025	<input type="checkbox"/>
SECRETARY	MORENO HABIF	1440 S. Biscayne Pt	MB FL 33141	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**11. 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 is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**

**Date** 2/1/01 **Daytime Phone #**

CR2E083 (1/00)