

DOCUMENT # P00000012591

1. Entity Name  
MEKSE'S FOOTWEAR DISTRIBUTORS, INC.

Principal Place of Business

777 NW 72ND AVE. SUITE 3E1  
MIAMI FL 33126

Mailing Address

777 NW 72ND AVE. SUITE 3E1  
MIAMI FL 33126

2. Principal Place of Business

7401 NW 8th Street

3. Mailing Address

7401 NW 8th Street

Suite, Apt. #, etc.

BAY E

Suite, Apt. #, etc.

BAY E

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33126

Country

USA

Zip

33126

Country

USA

6. Name and Address of Current Registered Agent

LINARES, JOSE A

777 NW 72ND AVE, SUITE 3E1  
MIAMI FL 33126

4. FEI Number

65-0980429

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required.

7. Name and Address of New Registered Agent

Name

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

7401 NW 8th Street

BAY E

City

MIAMI

FL

Zip Code

33126

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)

JOSE A. LINARES

1/4/2001

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, 2001 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MEKSE, GEORGE P	
STREET ADDRESS	4533 SW 147TH CT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LINARES, JOSE A	
STREET ADDRESS	5808 SW 69TH AVE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President + CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE A. LINARES	
STREET ADDRESS	5808 SW 69TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	Chairman + Founder	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George P. MEKSE	
STREET ADDRESS	4533 SW 147TH COURT	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2001

Date

305 264-0861

Daytime Phone #

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90011 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)