

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91146 042 ***150.00

DOCUMENT # P00000012591
 1. Entity Name: **MEKSE'S FOOTWEAR DISTRIBUTORS, INC.**
EVINCO INCORPORATED

Principal Place of Business: **7435 WEST 18TH LANE HIALEAH FL 33014**
 Mailing Address: **7435 WEST 18TH LANE HIALEAH FL 33014**

2. Principal Place of Business: Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **65-0980429**
 Applied For: ☐ Not Applicable
 5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LINARES, JOSE A
7401 NW 84TH STREET
BAY E
MIAMI FL 33126

7. Name and Address of New Registered Agent
 Name: **Jose A. Linares**
 Street Address (P.O. Box Number is Not Acceptable):
7435 West 18th Lane
 City: **Hialeah** FL Zip Code: **33014**

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]* **Jose A. Linares President** **2/22/02**
 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. ☐ **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

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	LINARES, JOSE A	
STREET ADDRESS	5808 SW 69TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	CF	<input type="checkbox"/> Delete
NAME	MEKSE, GEORGE F	
STREET ADDRESS	4533 SW 147TH COURT	
CITY-ST-ZIP	MIAMI FL 33185	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jose A. Linares	
STREET ADDRESS	5808 SW 69th Ave	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	Vice President	<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	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Drosken B. Rodriguez	
STREET ADDRESS	9221 SW 88th Street	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sergio R. Rodriguez	
STREET ADDRESS	1155 Brickell Bay Drive #2206	
CITY-ST-ZIP	MIAMI, FL 33133	
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]* **2/22/02** **305 826-4472**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)