

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90136 004 ***150.00

DOCUMENT # *P00000037411*

1. Entity Name

Tamiami Shoes, Corp. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1520 SW 8 St

Suite, Apt. #, etc.

3. Mailing Address

1688 SW 22 St

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City, & State

Miami, FL

City, & State

Miami, FL

4. FEI Number

05-1000250

Applied For

Not Applicable

Zip

33135

Country

U.S.A

Zip

33145

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Bertha Verez

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

1520 SW 8 Street

City

Miami

FL

Zip Code

33135

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

Bertha Verez

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

04-17-2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
*Bertha Verez PDST
1520 SW 8 Street
Miami, FL 33135*

TITLE
NAME
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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Bertha Verez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-02 (305)644-1851

Date

Daytime Phone #

CR2E034B (12/01)