

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

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

04-21-2002 90912 050 ***150.00

DOCUMENT # P00000055887

1. Entity Name **INTERNATIONAL SHOE WAREHOUSE OF
JACKSONVILLE #1, INC.**

DO NOT WRITE IN THIS SPACE

831644

2. Principal Place of Business **911E.Oakland Pk Blvd**

3. Mailing Address **911E.Oakland Pk Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Oakland Park
Florida**

City & State **Oakland Park
Florida**

4. FEI Number **65-1013094**

Applied For

Not Applicable

Zip **33334**

Country **USA**

Zip **33334**

Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **MANZURUL ISLAM**

Street Address (P.O. Box Number is Not Acceptable) **911 E**

OAKLAND PARK BLVD

City **OAKLAND PARK** **FL** Zip Code **33334**

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 Manzurul Islam
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/9/02

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 **PD**
NAME **ISLAM, MANZURUL**
STREET ADDRESS **1525NW 3RD STREET #14**
CITY-ST-ZIP **DEERFIELD BEACH FL-33442**

TITLE **VD**
NAME **ISLAM, MOHAMMED M**
STREET ADDRESS **1525NW 3RD STREET #14**
CITY-ST-ZIP **DEERFIELD BEACH FL-33442**

TITLE **STD**
NAME **HOSSEN, MONIRUL**
STREET ADDRESS **1525 NW 3RD STREET #14**
CITY-ST-ZIP **DEERFIELD BEACH FL-33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 Monirul Hossen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 954-863-2060
Date Daytime Phone #

CR2E034B (12/01)