FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 MAY 28 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# P00000082598

1. Entity Name

TAFJAM USA Inc.
dba The Athletes Foot

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1722 Main Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston, FL	City & State
Zip: 33326-3651 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1041289 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Julie Riettie

Street Address (P.O. Box Number is Not Acceptable): 1673 Bunting Lane

City: Weston FL Zip Code: 33327

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: _____ 4-25-02
Signature of an officer or director of the corporation or the 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. (See criteria on back) ☐

January 1 - May 1st Fee is $150.00
After May 1st 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	P, T
NAME	Julie Riettie
STREET ADDRESS	1673 Bunting Lane
CITY-ST-ZIP	Weston, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V, S
NAME	Darrin Riettie
STREET ADDRESS	1034 Bluewood Terr
CITY-ST-ZIP	Weston, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	20.25 - AR
NAME	10.00 - ARARTS
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	88.75 - AREAPP
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DO NOT WRITE
NAME	IN THIS SPACE
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	300005754753--8
NAME	-060202--01005--003
STREET ADDRESS	****300.00 ****300.00
CITY-ST-ZIP	

CR2E034B (12/01)

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 appea rs in Block 11 or an an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-25-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone