

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90192 008 ***150.00

DOCUMENT # P00000090570

1. Entity Name
INTERNATIONAL SHOE WAREHOUSE OF JACKSONVILLE # 2
, INC.



Principal Place of Business
911 E OAK PARK BLVD
OAKLAND PARK FL 33334
US

Mailing Address
911 E OAK PARK BLVD
OAKLAND PARK FL 33334
US

2. Principal Place of Business
952-2 Arlington Road
Suite, Apt. #, etc.

3. Mailing Address
911 E. Oakland Pk Blvd
Suite, Apt. #, etc.

City & State
Jacksonville

City & State
Oakland Pk

Zip Country
FL-32207 USA

Zip Country
FL-33334 USA

4. FEI Number **59-3672001**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARVEZ, MOHAMMED
911 E. OAKLAND PARK BLVD
OAKLAND PARK FL 33334

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **ISLAM, MOHAMMED M**
STREET ADDRESS **1525 NW 3RD STREET, SUITE 14**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~MOHAMMED PARVEZ~~ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-894-8110

Date

Daytime Phone #

CR2E034 (10/02)