

FILED
May 18, 2001 8:00 am
Secretary of State

A0064796

DOCUMENT # *FD00000091296*
1. Entity Name
David Shoe corporation

Principal Place of Business	Mailing Address
6042 Wauconda Way East Lake Worth FL 33463	SQATE

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	65-1059794	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent

L22 Toward
 6042 Wauconda Way East
 Lake Worth FL 33463

7. Name and Address of New Registered Agent

Name

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

City	FL	Zip Code
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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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
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TITLE	PTO	<input type="checkbox"/> Delete
NAME	Benjamin Velasco Eliaz	
STREET ADDRESS	6042 wawconda way east	
CITY - ST - ZIP	1501 wawconda way east 3	

TITLE	VSD	<input type="checkbox"/> Delete
NAME	John Wazior Rodriguez Card	
STREET ADDRESS	6042 Maucarda Way East	
CITY-ST-ZIP	1000 W 24th St 33413	

TITLE	DATE <u>00/00/00</u> <u>KL</u> <u>1000</u>	<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	
PHONE	<input type="checkbox"/> Delete

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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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			

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			

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

I hereby certify that the information is true and correct and is not in violation of the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information

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: Benjamin "Velo" Evans President 4-25-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)