## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UB

## DOCUMENT # 1. Entity Name

P00000093510

299 NORTHWEST 25 STREET

MIAMI FL 33127



M & B FOOTWEAR, INC. Principal Place of Business Mailing Address

3. Mailing Address Suite, Apt.#, etc. Suite, Apt. #, etc City & State

299 NORTHWEST 25 STREET

MIAMI FL 33127

FILED 03 NOV 19 AM 11:51

TALLAHASSEE, FLORIDA



101731			
Zip	7	Country	Zip
ー	/	WSA	
.6.	Name ar	nd Address of Currer	nt Registered Agent

Country

5. Certificate of Status Desired

65-1044474

7. Name and Address of New Registered Agent

Applied For Not Applicable

\$8.75 Additional Fee Required

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299 NORTHWEST 25 STREET

MIAMI FL 33127

 tar no

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

4. FEI Number

City

Zip Code

3.	The above named entity submits this statem	ent for the purpose of changing its regist	ered office or registered agent, or both	h, in the State of Florida.	I am familiar with, a	ind accep
	the obligations of registered agent.					

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

## FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750,00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

make office	k i ayabic to i ionda popartinoni oi otate			
10.	OFFICERS AND DIRECTOR	S	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHIEN, RICHARD 299 NORTHWEST 25 STREET MIAMI FL 33127	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 200023796732 11/19/0301069007 **600.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIEN, MICHAEL 299 NORTHWEST 25 STREET MIAMI FL 33127	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ☐ Change ☐ Change ☐ Addition ☐ Change ☐
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Change Addition

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: