

01 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102121

Entity Name

AMERICAN SHOE LIQUIDATORS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 AM 9:20



DO NOT WRITE IN THIS SPACE

Principal Place of Business

17902 NW 12 STREET
PEMBORKE PINES FL 33029

Mailing Address

17902 NW 12 STREET
PEMBORKE PINES FL 33029

2. Principal Place of Business

17902 NW 12 ST.

3. Mailing Address

SAME

Suite, Apt. #, etc.

PEMBORKE PINES

Suite, Apt. #, etc.

City & State

FLORIDA

City & State

4. FEI Number

19270 #
65-1059245

Applied For

Not Applicable

Zip

33029

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

MARRERO, KATHRYN ESQ.

17902 NW 12 STREET

PEMBORKE PINES FL 33029

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.

SIGNATURE

Signature, typed or printed name of 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) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MARRERO, ORLANDO
STREET ADDRESS 17902 NW 12 STREET
CITY-ST-ZIP PEMBORKE PINES FL 33029 ☐ Delete

TITLE
NAME
STREET ADDRESS 500004623385--9
CITY-ST-ZIP -10/04/01--01053--004
****\$550.00 ****\$550.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Orlando Marrero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/01

Date

(954)442-9766

Daytime Phone #

CR2E034 (5/01)