

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90006 039 ***150.00

DOCUMENT # P00000102914

1. Entity Name

INTERNATIONAL SHOE WAREHOUSE OF JACKSONVILLE #3,

Principal Place of Business

Mailing Address

1525 NW 3RD ST., #14
 DEERFIELD BEACH FL 33442

1525 NW 3RD ST., #14
 DEERFIELD BEACH FL 33442

004406

2. Principal Place of Business

911 E. OAKLAND PARK BLVD

Suite, Apt. #, etc.

3. Mailing Address

911 E. OAKLAND PARK BLVD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OAKLAND PARK FL

City & State

OAKLAND PARK FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33334

Country

U.S.A

Zip

33334

Country

U.S.A

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

6. Name and Address of Current Registered Agent

AHMED, MOKTER
1525 NW 3RD ST., #14
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/20/01
 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 \$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

TITLE	DP	<input type="checkbox"/> Delete
NAME	HOSSEN, MONIRUL	
STREET ADDRESS	1525 NW 3RD ST., #14	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ISLAM, MOHAMMED M	
STREET ADDRESS	1525 NW 3RD ST., #14	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ISLAM, MOHAMMED	
STREET ADDRESS	1525 NW 3RD ST., #14	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/01
 Date

954
563-2060
 Daytime Phone #

CR2E034 (10/00)