

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
 04-28-2001 90089 037 ***155.00

0001763

DOCUMENT # P00000108039

1. Entity Name

L W SHOES, CORP.

Principal Place of Business

Mailing Address

1786 W 59 ST.
HIALEAH FL 33012

1786 W 59 ST.
HIALEAH FL 33012

CU053814



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4410 W 16 AVE

3. Mailing Address

1786 W 59 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1-A

City & State

City & State

Hialeah FL

Hialeah FL

4. FEI Number

65-1055658

Applied For

Not Applicable

Zip

Country

Zip

Country

33012

Dade

33012

Dade

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

ZELEDON, LEONARDO
1786 W 59 ST.
HIALEAH FL 33012

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **ZELEDON, LEONARDO**
 CITY-ST-ZIP **1786 W 59 ST.**
HIALEAH FL 33012

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

TITLE ☐ Delete
 NAME **M**
 STREET ADDRESS **waleska Castro**
 CITY-ST-ZIP **1786 W 59 ST**
Hialeah FL 33012

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

Leonardo Zeledon

Date

Daytime Phone #

4/19/01

305 818-2377

CR2E034 (10/00)