

05-21-2002 90880 016 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000000750

1. Entity Name

VICKY SHOES, INC.

005140

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4251 W FLAGLER ST.**

3. Mailing Address  
**4251 W FLAGLER ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA**

4. FEI Number  
**65-1066190**

Applied For  
 Not Applicable

Zip  
**33134**

Country

Zip  
**33134**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**NAVARRO, CATALINA**

Street Address (P.O. Box Number is Not Acceptable)  
**4251 W FLAGLER ST.**

City **MIAMI** FL Zip Code **33134**

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 consenting)

DATE

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

January 1 - May 1 Fee is **\$180.00**  
 After May 1, Fee is **\$550.00**  
 Amended UBR is **\$61.25**  
 Make Check Payable to Department of State

10. Election Campaign Financing Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>PD NAVARRO, CATALINA I. 4251 W FLAGLER ST. MIAMI, FL. 33134</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>SD GOMEZ, JUAN C. 4251 W FLAGLER ST. MIAMI, FL. 33134</b>
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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE *Catalina Navarro* **CATALINA NAVARRO - PD** **4/29/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR3E034B (12/01)