

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 20, 2003 8:00 am**  
**Secretary of State**

08-20-2003 90049 016 \*\*\*550.00

**DOCUMENT # P01000062857**

1. Entity Name  
**A.J.I. SHOE WHOLESALE, INC.**



Principal Place of Business  
**10132 N W 31ST COURT  
SUNRISE FL 33351**

Mailing Address  
**10132 N W 31ST COURT  
SUNRISE FL 33351**

**25-30 NW 77 ST**

2. Principal Place of Business

**25-30 NW 77 ST**

3. Mailing Address

**10132 NW 31 CT**

Suite, Apt. #, etc.

**MIAMI**

Suite, Apt. #, etc.

**SUNRISE**

City & State

City & State



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1113965**

Applied For  
Not Applicable

Zip

**33147**

Country

**DADE**

Zip

**33351**

Country

**BROWARD**

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

6. Name and Address of Current Registered Agent

**ADLAM, IVYLIN  
10132 N W 31ST COURT  
SUNRISE FL 33351**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **ADLAM, JOSEPH**  
STREET ADDRESS **10132 N W 31ST COURT**  
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **D** ☐ Delete  
NAME **ADLAM, IVYLIN**  
STREET ADDRESS **10132 N W 31ST COURT**  
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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:

**SIGNATURE REQUIRED**

*Joseph Adam*

**305 696-5150**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/20/03**

Daytime Phone #

CR2E034 (4/03)