

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90057 044 ***150.00

0193431 AV

DOCUMENT # P01000064806

1. Entity Name
LADIES SHOES, INC.

Principal Place of Business

3383 NW 7TH ST SUITE 102
MIAMI FL 33125

Mailing Address

3383 NW 7TH ST SUITE 102
MIAMI FL 33125

2. Principal Place of Business

4601 NW 7th ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-119008

Applied For

Not Applicable

Zip

33126

Country

DADE

Zip

33126

Country

DADE

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

6. Name and Address of Current Registered Agent

CASANUEVA, MIGUEL E
1636 NW 16TH TERRACE
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name

SOTO ANNALIE

Street Address (P.O. Box Number is Not Acceptable)

96 NW 43rd Place

City

MIAMI

FL

Zip Code

33126

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, 2002 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	PD	<input checked="" type="checkbox"/> Delete
NAME	CASANUEVA, MIGUEL E	
STREET ADDRESS	1636 NW 16TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SOTO, VICENTE R	
STREET ADDRESS	96 NW 43RD PLACE	
CITY-ST-ZIP	MIAMI FL 33126	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOTO, VICENTE R	
STREET ADDRESS	96 NW 43RD PLACE	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOTO ANNALIE	
STREET ADDRESS	96 NW 43RD PLACE	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASANUEVA, MIGUEL	
STREET ADDRESS	13284 SW 13th TERR.	
CITY-ST-ZIP	MIAMI, FL 33186	
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
Vicente Soto

Date

Daytime Phone #

01-15-02 (305) 494-125

CR2E034 (9/01)