

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90010 024 ***150.00

DOCUMENT # P01000075782

1. Entity Name

C.M.K. SHOES, INC.

Principal Place of Business

2601 NW 6TH AVENUE
 MIAMI FL 33127

Mailing Address

2601 NW 6TH AVENUE
 MIAMI FL 33127

2. Principal Place of Business

2601 N.W 6th AVE

3. Mailing Address

2601 N.W 6th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

miami FLA

City & State

miami FL

4. FEI Number

65-1134326

Applied For

Not Applicable

Zip

33127

Country

USA - Dade

Zip

33127

Country

USA - Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARKS, FRANK M
 2701 SW 3RD AVENUE
 MIAMI FL 33129

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)

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
 NAME CAPORICCI, DOMENICO
 STREET ADDRESS 2601 NW 6TH AVENUE
 CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE VD
 NAME SAGER, KENNETH D
 STREET ADDRESS 2601 NW 6TH AVENUE
 CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE STD
 NAME PILARTE, MIGUEL E
 STREET ADDRESS 2601 NW 6TH AVENUE
 CITY-ST-ZIP MIAMI FL 33127 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

Date

Daytime Phone #

01-17-544 AV

CR2E034 (9/01)X