

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90469 009 ***150.00

DOCUMENT # P01000099007

1. Entity Name
SMILE FOOTWEAR, INC.



Principal Place of Business
2717 E. OAKLAND PARK BLVD. ~~6245 NW 9TH AVE~~ 2717 E. OAKLAND PARK BLVD. ~~6245 NW 9TH AVE~~
SUITE 201 SUITE 108 SUITE 201 SUITE 108
FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306



2. Principal Place of Business
6245 NW 9TH AVE

3. Mailing Address
6245 NW 9TH AVE

Suite, Apt. #, etc.
SUITE 108

Suite, Apt. #, etc.
SUITE 108

City & State
FORT LAUDERDALE, FL

City & State
FT. LAUDERDALE FL

4. FEI Number
65-1145940

Applied For
Not Applicable

Zip
33309

Country
USA

Zip
33309

Country
U.S.A.

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COHEN, JEFFREY R ESQ.
297 SUNNY ISLES BOULEVARD
SUNNY ISLES BEACH FL 33160

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **HASSON, MICHEL A**
STREET ADDRESS **20735 NW 32ND PLACE**
CITY-ST-ZIP **AVENTURA FL 33180**

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

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

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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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/2003 954-492-8899
Date Daytime Phone #

CR2E034 (10/02)