## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR

## P02000066084 **DOCUMENT #**

1. Entity Name

M.E.G.Z. FOOTWEAR CORP.



## **FILED** Sep 02, 2003 8:00 am Secretary of State

09-02-2003 90185 024 \*\*\*558.75

			4 S. T. T. S.	<b>′</b>		
Principal Place of Business 777 NW 72 AVE. STE 3C4 MIAMI FL 33126		Mailing Address 777 NW 72 AVE. STE 3C4 MIAMI FL 33126	<u> </u>		DIŞI OOŞIO OSIIO OIISI OOŞO IDIŞI OLGI SOOŞ	
2. Principal Place of Business		3. Mailing Address 3/3/ SW 120CT				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & Stat	le	City & State	e/	4. FEI Number 02 02 72	Applied For Not Applicable	
Zip	Country	Zip 31-75 Co	ountry	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Regi	stered Agent	
ZAMORA, OLGA				Name GUI//ermo Zamora  Street Address (PO. Box Number is Not Acceptable)		
777 NW 72 AVE, STE 3C4			3/-	31 SW 120 C	<del></del>	
MIAMI FL	33126					
· // /			City_//	on1	FL Zin.Code 33/25	
		the purpose of changing its regis	stered office or regi	stered agent, or both, in the State of Florida	a. I am familiar with, and accept	
the obligat	tions of registered agent					
SIGNATURE .	All for	En Guil	llermoz	Zamora ?	8/21/03	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Regis	stered Agent signature req	uired when reinstating)	DATE	
F	ILE NOW!!! FEE IS \$550,00					
After September 10, 2003 Fee will be \$750.00				9. Election Campaign Finance	+	
	k Payable to Florida Department of			Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND	DIRECTORS .	11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 11	
TITLE	DPVS			PESSIDENT CEO	Change Addition	
NAME	ZAMORA, OLGA			WILLETMO ZAM		
STREET ADDRESS	777 NW 72 AVE, STE 3C4			131 SW 120cT		
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	MIAMI F1 331	25	
TITLE	T	☑ Delete	TITLE	FO CEO		
NAME	ZAMORA, OLGA	<b>-</b>				
STREET ADDRESS	1					
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	3131 SW 120CT	76	
TITLE	*	☐ Delete	TITLE	MIBPI 1-1 301	Change Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		İ	
TITLE		☐ Delete	TITLE		Change Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS		1	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		□ Delete	TITLE		☐ Change ☐ Addition	

12. I hereby certify that the information supp indicated on this report or supplements of the corporation or the receiver or year. whith this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the 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 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 attachme

STREET ADDRESS CITY-ST-ZIP

**SIGNATURE:** 

NAME STREET ADDRESS

CITY-ST-ZIP