FILED

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Sep 02, 2003 8:00 am Secretary of State DOCUMENT # P02000069820 1. Entity Name 09-02-2003 90185 023 \*\*\*558.75 LUCY'S SHOES, INC. Principal Place of Business Mailing Address 11531 SW 124TH PLACE 11531 SW 124TH PLACE MIAMI FL 33186 MIAMI FL 33186 3. Mailing Address 2. Principal Place of Business *5*pトレム Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES -City & State ----4,\_FEI.Number 🖛 City & State - -- يا سور - Applied For 01-0723214 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZAMORA, WILLY 11531 SW 124TH PLACE **MIAMI FL 33186** 8. The above named entity submits this stateme pose 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 i applicable. (NOTE: Begistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. GIOBIYA **PVST** Delete TITLE Addition ZAMOR ZAMORA, WILLY. NAME - -NAME 3/3/ SW 120C7 STREET ADDRESS 11531 SW 124TH PLACE STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE D NAME ZAMORA, WILLY NAME 3131 SW 120C1 STREET ADDRESS STREET ADDRESS 11531 SW 124TH PLACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 TITLE ☐ Delete TITI F 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 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT1 F ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

12. I hereby certify that the information supplied with this indicated on this report or supplemental report is the of the corporation or the receiver or trustee employed.

changed, or on an attachment with an addre

ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accordate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if