

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90165 049 ***150.00

DOCUMENT # P02000075518

1. Entity Name
YEYSHOES, INC.



Principal Place of Business
**13951 SW 66 ST STE A-908
MIAMI FL 33183**

Mailing Address
**13951 SW 66 ST STE A-908
MIAMI FL 33183**

42002631



2. Principal Place of Business

3. Mailing Address

2588 SW 27th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

MIAMI, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

33133

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~TEJERA, JUAN C~~
~~13951 SW 66 ST STE A-908~~
~~MIAMI FL 33183~~

Name

De Serna, Margarita

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

13951 SW 66 St. Ste A-908

City

Miami

FL

Zip Code

33183

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

[Signature]

1-30-03

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **TEJERA, JUAN C**
STREET ADDRESS **13951 SW 66 ST STE A-908**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **PD** ☐ Change ☒ Addition
NAME **Gomez, Gustavo**
STREET ADDRESS **11489 SW 40th St.**
CITY-ST-ZIP **Miami, FL 33165**

TITLE **SD** ☐ Delete
NAME **DE SERNA, MARGARITA**
STREET ADDRESS **13951 SW 66 ST STE A-908**
CITY-ST-ZIP **MIAMI FL 33183**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-03 (305) 788-8090

Date

Daytime Phone #

CR2E034 (10/02)