2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

295 NW 26TH ST

P02000088431

Mailing Address 295 NW 26TH ST

1. Entity Name

26TH STREET FOOTWEAR, INC.



Apr 16, 2003 8:00 am 3 Secretary of State

FILED

04-16-2003 90257 013

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2. Principal Place of Business		3. Mailir	3. Mailing Address					1101 HUHH UNUK	THEOR THE HORE
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 45-048548 2 Applied For Not Applicable			
	Country	Zip	Zip Country			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				
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Hub, Denny 05 NW 26th St				Street Address (P.O. Box Number is Not Acceptable)					
33127	este.				•				
				City			FL	Zip Code	,
		ent for the purpo	se of changing its	registered office or reg	gistered ag	ent, or both, in the State of Floo	ida. I am fa	miliar with, a	and accept
Signature, typed	or printed name of registered	agent and title if applic	cable. (NOTE	: Registered Agent signature re	equired when re	einstating)	DATE		
May 1, 200	3 Fee will be \$550	.00							D May Be to Fees
	OFFICERS :	AND DIRECTOR	RS	11.	AC	DDITIONS/CHANGES TO OFF	CERS AND	DIRECTORS	IN 11
295 NW	26TH ST	33.00	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
·			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	orași și de la	***		Change	Addition
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	6. Name 6. Name ENNY 26TH ST 33127 named entity ons of regist May 1, 200 Payable to DP SHUB, DI 295 NW 3 MIAMI FL	Country 6. Name and Address of CureNNY 26TH ST 33127 named entity submits this statement on sof registered agent. Signature, typed or printed name of registered LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550 Payable to Florida Department OFFICERS // DP SHUB, DENNY 295 NW 26TH ST MIAMI FL 33127	ace of Business #, etc. Suite City & Country Zip 6. Name and Address of Current Registered ENNY 26TH ST 33127 named entity submits this statement for the purpoons of registered agent. Signature, typed or printed name of registered agent and title if applit LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State OFFICERS AND DIRECTOF DP SHUB, DENNY 295 NW 26TH ST MIAMI FL 33127	ace of Business #, etc. Suite, Apt. #, etc.	ace of Business #, etc. Suite, Apt. #, etc. City & State Country ENNY Street Addr City Street Addr City Street Addr City City City City Inamed entity submits this statement for the purpose of changing its registered office or regions of registered agent. Signance, typed or printed name of registered agent and title if applicable. INOTE: Registered Agent signature in the Note: Signance, typed or printed name of registered agent and title if applicable. INOTE: Registered Agent signature in the Note: INOTE: Registered Agent signature in the Note: Signance, typed or printed name of registered agent and title if applicable. INOTE: Registered Agent signature in the Note: ITILE NAME SIREET ADDRESS CITY-ST-ZIP Delete SIREET ADDRESS CITY-ST-ZIP	ace of Business 3. Mailing Address 4. Ctry & State Country Zip Country Zip Country 5. 6. Name and Address of Current Registered Agent Name Name City Street Address (P.O. E Street Address (P.O. E Signature, speed or printed name of registered agent and till if applicable. LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 ITILE NAME STREET ADDRESS CITY-S1-2IP Delete TITLE NAME STREET ADDRESS CITY-S1-2IP	ace of Business 3. Mailing Address	aco of Business 3. Mailing Address Suile, Apt. #, etc. CHECK HERE IF MAKING	acc of Business 3. Mailing Address 5. Cert 5. Cert

indicated on this report or supplied with this hilling does not qualify for the exemption stated in Section 119.07(3)(i), Frontial Statutes, 1 further certify that the Information indicated on this report or suppliemental 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:

305-576-5455