

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 OCT -9 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 03**

CHECK HERE IF MAKING CHANGES

1. Entity Name  
**THE SHOE & BAG OUTLET, INC.**

Principal Place of Business  
**1164 S.W. 67TH AVENUE  
MIAMI FL 33144**

Mailing Address  
**1164 S.W. 67TH AVENUE  
MIAMI FL 33144**

2. Principal Place of Business  
**1152 S.W 67 AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**1152 S.W 67 AVE**  
Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number  
**030512591**

Applied For  
 Not Applicable

Zip  
**33144** Country  
**MIAMI DADE**

Zip  
**33144** Country  
**MIAMI DADE**

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**

**BELLO, PEDRO M  
1152 S.W. 67TH AVENUE  
MIAMI FL 33144**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D BELLO, PEDRO M</b>	<b>1152 S.W. 67TH AVENUE</b>	<b>MIAMI FL 33144</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			<b>700023875097</b>	<input type="checkbox"/>	<input type="checkbox"/>
			<b>10/09/03--01077--003</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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** **10/6/03** **786/3020822**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/03)

The Shoe & Bag Outlet, Inc.  
1152 S.W. 67 Avenue  
Miami, Florida 33144

October 1, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**RE: 2003 Uniform Business Report and Payment**

To Whom It May Concern,

I am writing this letter to inform you that I did not receive prior notice regarding the filing of the 2003 Uniform Business Report. This apparently occurred because my address was listed incorrectly as 1164 S.W. 67 Avenue when it should have been 1152 SW 67 Avenue, Miami, Florida 33144. This change will be reflected on this current report.

Thank you,



Pedro Bello.  
President, The Shoe & Bag Outlet, Inc.