FILED
Mar 13, 2003 8:00 am
Secretary of State
01-16-2003 90070 020 ***150.00

4/21

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000106121

1. Entity Name
M J M DESIGNER SHOES OF HIALEAH, INC.

55016233

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1830 ROUTE 130 N	1830 ROUTE 130 N
Suite, Apt. #, etc.: C/O TAX DEPT.	Suite, Apt. #, etc.: C/O TAX DEPT
City & State: BURLINGTON, NEW JERSEY	City & State: BURLINGTON, NEW JERSEY
Zip: 08016 Country: US	Zip: 08016 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 56-2297188 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: OLIVER, DON

Street Address (P.O. Box Number is Not Acceptable):
12801 W. SUNRISE BLVD.

City: SUNRISE, FL Zip Code: 33323

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.

PLEASE SIGN & DATE

SIGNATURE: x Don Oliver DATE: 2/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	DP
NAME	MILSTEIN, MONROE G.
STREET ADDRESS	1830 ROUTE 130 N
CITY-ST-ZIP	BURLINGTON, NJ 08016
TITLE	DSVP
NAME	MILSTEIN, ANDREW
STREET ADDRESS	1830 ROUTE 130 N
CITY-ST-ZIP	BURLINGTON, NJ 08016
TITLE	EVPS
NAME	TAN, PAUL
STREET ADDRESS	1830 ROUTE 130 N
CITY-ST-ZIP	BURLINGTON, NJ 080
TITLE	CFO
NAME	LA PENTA, ROBERT
STREET ADDRESS	1830 ROUTE 130 N
CITY-ST-ZIP	BURLINGTON, NJ 08016
TITLE	DTVP
NAME	MILSTEIN, STEPHEN
STREET ADDRESS	1830 ROUTE 130 N
CITY-ST-ZIP	BURLINGTON, NJ 08016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 01/09/03 (609) 387-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #