2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2003 8:00 am
Secretary of State
06-10-2003 90094 001 *****8.75
06-10-2003 90094 002 ***150.00

DOCUMENT # P02000113826

1. Entity Name
CUTIE FOOTWEAR, INC.

33047952

[redacted]

Principal Place of Business	Mailing Address
1190 N. STATE ROAD 7 #310 SUNRISE FL 33313	1190 N. STATE ROAD 7 #310 SUNRISE FL 33313

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1501 ORTIZ AVENUE	1190 N STATE ROAD 7
Suite, Apt. #, etc. Booth 47 & 108	Suite, Apt. #, etc. #310
City & State FORT. MYERS - FL.	City & State SUNRISE FL 33313
Zip: 33905 Country: U.S.A	Zip: 33313 Country: U.S.A

4. FEI Number: 20-0006931. ☐ Applied For ☐ Not Applicable

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
CASANOVA, LOURDES 1190 N. STATE ROAD 7 #310 SUNRISE FL 33313	Name: Mercedes Rivera Maldonado Street Address (P.O. Box Numbers Not Acceptable): 8340 SW 3rd Ct. #207 City: Pembroke Pines FL Zip Code: 33025

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] 1/22-03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CASANOVA, LOURDES 1190 N. STATE ROAD 7 #310 SUNRISE FL 33313	☒ Delete	President Mercedes Rivera Maldonado 8340 SW 3rd ct #207 Pembroke Pines 33025	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with blank lines.

SIGNATURE: [signature] 1/22-03 954-431 3755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #