FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 29 PM 2:23

DOCUMENT # P09478

1. Entity Name

MARTY SHOES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
60 ENTERPRISE AVE., N.	60 ENTERPRISE AVE., N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SECAUCUS, NJ	City & State: SECAUCUS, NJ
Zip: 07094 Country: USA	Zip: 07094 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 22-2031150 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ROBERT SCHMIDT

Street Address (P.O. Box Number is Not Acceptable): 11401 N.W. 12TH STREET, SPACE #450

City: MIAMI **FL** Zip Code: 33172

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)

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	PRESIDENT/DIRECTOR
NAME	JOHN ADAMS
STREET ADDRESS	60 ENTERPRISE AVE., N.
CITY-ST-ZIP	SECAUCUS, NJ 07094
TITLE	SECRETARY/DIRECTOR
NAME	PAULETTE PURCAR
STREET ADDRESS	60 ENTERPRISE AVE., N.
CITY-ST-ZIP	SECAUCUS, NJ 07094
TITLE	DIRECTOR
NAME	MARTIN SAMOWITZ
STREET ADDRESS	60 ENTERPRISE AVE., N.
CITY-ST-ZIP	SECAUCUS, NJ 07094
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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: _____ JOHN ADAMS, PRESIDENT Aug. 26, 2003 201 319-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #