

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 12, 2002 8:00 am**  
**Secretary of State**

08-12-2002 90009 046 \*\*\*150.00

**DOCUMENT # P94000012463**

1. Entity Name  
**TREASURE COAST SHOES, INC.**

Principal Place of Business Mailing Address  
**TREASURE COAST SQUARE SHOPPING CENTER** **TREASURE COAST SQUARE SHOPPING CENTER**  
**3108 N.W. FEDERAL HIGHWAY** **3108 N.W. FEDERAL HIGHWAY**  
**JENSEN BEACH FL 34957** **JENSEN BEACH FL 34957**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3236971**

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

**KRAMER, SCOTT**  
**1155 U.S. HWY. ONE**  
**SUITE 205**  
**JUNO BEACH FL 33408**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MOSCOVICH, RUBEN M</b> <b>3108 NW FEDERAL HWY</b> <b>JENSEN BEACH FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROZEN, BERNARDO</b> <b>14182 64TH DRIVE NORTH</b> <b>PALM BEACH GARDENS FL 33418</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED MOSCOVICH**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-5-02 772-530-6648**

Date Daytime Phone #

CR2E034 (4/02)

Attachment

#094000012463 973984

AFTER SPEAKING TO A REPRESENTATIVE, I AM WRITING  
THIS NOTE TO INFORM THAT MY BUSINESS ADDRESS CHANGED  
FROM 3108 TO 3180 NW FEDERAL HWY, JENSEN BECH, FL 34957.  
I NEVER GOT THE FIRST NOTICE, SO YOUR REPRESENTATIVE  
TOLD ME TO SEND THE NOTE ALONG WITH \$150-

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THANK YOU

Ruben Moscovitch  
(772) 692-2213