

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000066638

1. Entity Name

SNEAKER PLUS U.S.A., INC.

FILED

02 OCT -2 AM 9:28

SECRETARY OF STATE
600008201046--7
-10/04/02--01027--004
****600.00 ****600.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 LINCOLN ROAD

3. Mailing Address

100 LINCOLN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1634

1634

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

65-0605237

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

AMOS CHANERO

Street Address (P.O. Box Number is Not Acceptable)

100 LINCOLN ROAD, STE. 1634

City

MIAMI BEACH

FL

Zip Code

33139

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

AMOS CHANERO

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMOS CHANERO 100 LINCOLN ROAD, STE. 1634 MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

AMOS CHANERO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-836-6597
Daytime Phone #

CR2E034B (12/01)

Attachment
SNEAKER PLUS U.S.A., INC.

September 19, 2002

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

Re: P95000066638

Dear Sir or Madam:

It has just come to my attention that my corporation has been administratively dissolved for not filing its 1999 Uniform Business Report.

I had a change of address and I had never received my renewal form for that year. I have enclosed a blank report that I have filled out along with a check for the filing fees for the past four years.

Please reinstate my corporation and update your records with my new address.

Sincerely,



Amos Chanero
President