

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073321

1. Entity Name

BP WORLDWIDE SHOE SALES CORPORATION

Principal Place of Business

Mailing Address

1232 NORTH EAST 2ND AVENUE  
MIAMI FL 33132

1232 NORTH EAST 2ND AVENUE  
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

2821 CENTER PORT CIR

2821 CENTER PORT CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

POMPANO BEACH FL

POMPANO BEACH FL

Zip

Country

Zip

Country

33064

FLORIDA

33064

FLORIDA

6. Name and Address of Current Registered Agent

4. FEI Number 65-0610235

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name BRUCE PONTNER

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

2821 CENTER PORT CIRCLE

City POMPANO BEACH

FL

Zip Code

33064

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

*[Signature]*

Bruce Pontner

1/11/01

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PONTNER	
STREET ADDRESS	1232 NORTH EAST 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONTNER BRUCE	
STREET ADDRESS	2821 CENTER PORT CIRCLE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* BRUCE PONTNER

1/11/01

954-782-3244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90141 012 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)