

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90439 016 ***158.75

DP3837 AV

DOCUMENT # P95000079762

1. Entity Name
\$9.99 SHOE EXPRESS CORP.

Principal Place of Business 21441 N.W. 2ND STREET MIAMI FL 33169	Mailing Address 21441 N.W. 2ND STREET MIAMI FL 33169
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21441 N.W. 2ND AVE.	3. Mailing Address 21441 N.W. 2ND AVE.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MIAMI FL 33169	City & State MIAMI FL 33169
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4. FEI Number 65-0613804	Applied For <input type="checkbox"/> Not Applicable
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Zip 33169	Country	Zip 33169	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CHOWDHURY, ATIQUZZAMAN
21441 N.W. 2ND STREET
MIAMI FL 33169

7. Name and Address of New Registered Agent

Name BATEK, JOSEF
Street Address (P.O. Box Number is Not Acceptable) 21441 N.W. 2ND AVE.
City MIAMI
State FL
Zip Code 33169

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: *Josef Batek* **JOSEF BATEK, P** **APRIL 12th, 2002**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P CHOWDHURY, SHAM 9908 S. PRAIRIE FALCON CT 80126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS CHOWDHURY, ATIQUZZAMAN 21441 N.W. 2ND STREET MIAMI FL 33169	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V/T/S BATEK, JOSEF 21441 N.W. 2ND AVENUE MIAMI FL 33169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Josef Batek* **JOSEF BATEK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-2002 305-652-8002

Date Daytime Phone #

CR2E034 (9/01)