FILED
Mar 31, 2002 8:00 am
Secretary of State
02-21-2002 90058 015 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016669

1. Entity Name
J AND A FOOTWEAR, INC.

Principal Place of Business	Mailing Address
2600 NW 2 AVE MIAMI FL 33127 US	2600 NW 2 AVE MIAMI FL 33127 US

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-0644964 — 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
~~TACHE, EFRAIM~~ ~~17880 SW 11TH COURT~~ ~~PEMBROKE PINES FL 33029~~	Name: CLARA Tache Street Address (P.O. Box Number is Not Acceptable): 17880 SW 11 CT City: Pembroke Pines FL Zip Code: 33029

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] (Signature, typed or printed name of registered agent and title if applicable.) [signature] (NOTE: Registered Agent signature required when reinstating) 3/11/02 DATE

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

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~TACHE, EFRAIM~~ ~~17880 SW 11TH COURT~~ PEMBROKE PINES FL 33029	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CLARA TAChe IIeL 17888 SW 11 CT Pembroke Pines FL 33029	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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 address, with all other like empowered.

SIGNATURE: [signature] (SIGNATURE OF OFFICER OR DIRECTOR) 1/11/02 Date 305-573-7888 Daytime Phone #