6/30/20(

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051295

ONE WAY SHOED, INC

## FILED Aug 25, 2002 8:00 am Secretary of State 06-30-2002 90229 001 \*\*\*150.00

DO NOT WRIT	E IN THIS SP	ACE	•	A.	4
2. Principal Place of Business 14732 Sw 16 44 Suite, Apt. #, etc.	3. Mailing Address /47 32 3W \ Suite, Apt. #, etc.	ro st	DO NOT WRITE IN THIS SPACE		
City & State		ONIOA	4. FEI Number Applied For Not Applied For Not Applicable		
33185 USA	33/85	Country	Certificate of Status Desire     Name and Address of Curr	_ Fe	8.75 Additional e Required
DO NOT W	Name ANA THUANDEZ Street Address (P.D. Box Number is Not Acceptable) 97 64 500 PPG 27				
The above named entity submittening statement in	ANA	City Miggistered office or register.  Fernan dez	ed agent, or both, in the State of	FL Florida.	Zip 38 176
This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  - OFFICERS AND	After May 1, Amended U Make Check Payable	1 Fee is \$150.00 Fee is \$550.00 IBR is \$61.25 to Department of Stat	10. Election Campaign Trust Fund Contribu	Financing Ition.	\$5.00 May Be Added to Fees
LE PANA FRANCON DEZ RET ADDRESS 14732 SW 36 St. 151-2P HIBMI R 30 185		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
LE VP  SEUdia Milina  HE ADORES 14732 SW TO ST.  -ST-DP  HIRW F. 33185		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
EE ADDRESS -ST-ZIP		NAME STREET ADDRESS CITY: ST-ZP	DO NOT	WRITE	
TLE AME PREET ADDRESS TY-ST-ZIP TLE		title Name Street adoress City-St-Zip	IN THIS	SPACE	
T ADORESS ST-ZIP	و يمت ، خدن، -	TITLE NAME . STREET ADDRESS CITY-ST-ZIP	— <del>Tables of the same of the s</del>		
J ACDRESS ST-21P		title Name - Street address City-St-Zip			
hereby certily that the information supplied with the indicated on this report or supplemental report is to the opporation or the receiver or trustee emporational than the companion of the receiver or trustee emporations attachment with an address, with all other like emporations.	his filing does not qualify for the c ue and accurate and that my sig wered to execute this report as r owered.			I further certify the oath; that I am an ime appears in Bl	at the information officer or director ock 11 or on an
GNATURE: A SIGNATURE AND TYPED OR PRIF	TED NAME OF SIGNING OFFICER OR DIR	ERNANDE >	- 6/202   Date	( 305 ) 386	2-0909

Machnest

One Way Shoes Store, Inc. 14732 SW 56 Street Miami, Fl 33185

Miami, May 15th, 2002

Department of State Division of Corporation Annual Report Fillings P.O.Box 6327 Tallahassee, Florida 32314 <u>41990</u> P96000056295

Gentlemen:

Attach please find my company check in the amount of \$ 150.00 for the 2002 Annual Report Filing Fees. I never receipt the original form to renew the corporation, I will appreciate if you check your records and verify my address to void any future mailing mistake, and also you need to check my corporation name because it was change.

I appreciate your help to this matter and apologize for any inconvenience cause to you.

Thank you

Ana Fernandez Manager/Director



4/990

## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 12, 2002

ONE WAY SHOES STORE, INC. 14732 S.W. 56TH ST MIAMI, FL 33193

SUBJECT: ONE WAY SHOES STORE, INC. Ref. Number (P96000056295)

Upon receipt of your letter and/or check(s) totaling \$150.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Due to the volume of mail received in this office both the annual report/uniform business report and the filling fee must be received by our office together in order to be processed.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott Document Specialist

Letter Number: 302A00038460