

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90060 033 ***150.00

DOCUMENT # P96000087745

1. Entity Name
PREMIERE CLASSE FOOTWEAR CORP.

Principal Place of Business

**2247 N.W. 17 AVE
 MIAMI FL 33142
 US**

Mailing Address

**2247 N.W. 17 AVE
 MIAMI FL 33142
 US**



2. Principal Place of Business

2333 BRICKELL BAY CLUB, #904

3. Mailing Address

2333 BRICKELL BAY CLUB, #904

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL 33129

City & State
MIAMI, FL 33129

4. FEI Number **65-0703819**

Applied For
 Not Applicable

Zip
33129

Country
US

Zip
33129

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA,
 101 MADEIRA AVE. 2100 Salzedo Ave., #300
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

ARAZOZA & FERNANDEZ-FRAGA, P.A.

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

2100 SALZEDO AVE #300

City **CORAL GABLES** **FL** Zip Code **33134**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/15/2002**

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **MORA, FRANK**
 STREET ADDRESS **2247 N.W. 17 AVE**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE **S** ☐ Delete
 NAME **RUIZ, MARIA ANGELES**
 STREET ADDRESS **2247 N.W. 17 AVE**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2333 Brickell Bay Club, #904**
 CITY-ST-ZIP **Miami, FL 33129**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2333 Brickell Bay Club, #904**
 CITY-ST-ZIP **Miami, FL 33129**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-02

Date

305.285-2323

Daytime Phone #

02-28-2002 90060 033 ***150.00