

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90640 013 ***150.00

DOCUMENT # P97000007928

1. Entity Name
SNEAKERS 2000, CORP.

Principal Place of Business
4702 NW 115 TERRACE
CORAL SPRINGS FL 33076
US

Mailing Address
4702 NW 115 TERRACE
CORAL SPRINGS FL 33076
US

2. Principal Place of Business
4309 Fox Ridge Drive
 Suite, Apt. #, etc.

3. Mailing Address
4309 Fox Ridge Drive
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
WESTON, FL
 Zip **33331** Country

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WESTON, FL
 Zip **33331** Country

4. FEI Number **65-0724448**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DAVILA, CARMEN
4802 NW 115 TERRACE
CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name **DAVILA, CARMEN**
 Street Address (P.O. Box Number is Not Acceptable)
4309 Fox Ridge Drive
 City **WESTON** **FL** Zip Code **33331**

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 *Carmen Davila* *CARMEN DAVILA - PRESIDENT* *03/18/02*
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	P	<input type="checkbox"/> Delete
NAME	DAVILA, CARMEN	
STREET ADDRESS	4702 NW 115 TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVILA, CARMEN	
STREET ADDRESS	4309 Fox Ridge Drive	
CITY-ST-ZIP	WESTON, FL 33331	
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: *Carmen Davila* *CARMEN DAVILA - PRESIDENT* *03/18/02* *(954) 584-6649*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)