

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90279 019 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000007928

1. Entity Name
SNEAKERS 2000, CORP.



Principal Place of Business
4309 FOX RIDGE DRIVE
WESTON, FL 33331 US

Mailing Address
4309 FOX RIDGE DRIVE
WESTON, FL 33331 US

11032382

2. Principal Place of Business
960 NAUTICA DRIVE
Suite, Apt. #, etc.

3. Mailing Address
960 NAUTICA DRIVE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
WESTON, FL
Zip
33327 Country

City & State
WESTON, FL
Zip
33327 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

7. Name and Address of New Registered Agent

DAVILA, CARMEN
4309 FOX RIDGE DRIVE
WESTON, FL 33331

Name
CARMEN DAVILA
Street Address (P.O. Box Number is Not Acceptable)
960 NAUTICA DRIVE
City
WESTON FL Zip Code
33327

8. I, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CARMEN DAVILA - PRESIDENT**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

04-20-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DAVILA, CARMEN
4309 FOX RIDGE DRIVE
WESTON, FL 33331 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DAVILA, CARMEN
960 NAUTICA DRIVE
WESTON, FL 33327 ☒ 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
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CARMEN DAVILA - PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-03
Date

(954) 584-6649
Daytime Phone #

CFR2E034 (10/02)