

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90018 017 ***150.00

DOCUMENT # P97000095625

1. Entity Name
SHOE REPAIR PRO, INC.

Principal Place of Business
**1954 EAST SUNRISE BLVD
 FORT LAUDERDALE FL 33304**

Mailing Address
**1954 EAST SUNRISE BLVD
 FORT LAUDERDALE FL 33304**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0792671**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**ROZOV, IGOR
 4901 NE 26 AVE #4
 FT LAUDERDALE FL 33308**

Name

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

City

FL

Zip Code

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

SIGNATURE

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **P** ☐ Delete
 NAME **ROZOV, IGOR**
 STREET ADDRESS **4901 NE 26 AVE., #4**
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

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

TITLE **VP** ☐ Delete
 NAME **ELIMELAKH, YURIY**
 STREET ADDRESS **5217 N DIXIE HWY #A-2**
 CITY-ST-ZIP **FT LAUDERDALE FL 33334**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 REQUIRED

Rozov

07/03/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

Don't

99000095625
119684

To whom it may concern!

I am very sorry. Few months ago
I received your first Uniform
Business Report. and lost one.

I am old man and forgot about this.
Today, 07/03/02 I received your
second Report and I am in shock.
I see, I have to pay \$550.

I have small shoe repair store.
Business is slow and this is
like bankruptcy for me.

I am very sorry and ask you
to help me. Please, give me
permission to pay \$150.

I live in United States only
few years (I am refugee) and
all here are new for me.

Every day - new lesson.

I will never pay too late.

Sincerely,

Igor Rozov.