

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000013472

1. Entity Name
PERFECT FIT SHOES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90298 037 ***150.00

Principal Place of Business
**295 MIRACLE MILE
CORAL GABLES FL 33134**

Mailing Address
**295 MIRACLE MILE
CORAL GABLES FL 33134-5907**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0828671		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SALVADORA SANTOS, BARBARA 295 MIRACLE MILE CORAL GABLES FL 33134				Name Maria E. Batista			
				Street Address (P.O. Box Number is Not Acceptable) 270 Miracle Mile			
				City Coral Gables State 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 *Maria E. Batista* DATE 4/28/00

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Delete SALVADORA SANTOS, BARBARA 295 MIRACLE MILE CORAL GABLES FL 33134	TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Maria E. Batista 270 Miracle Mile Coral Gables, FL 33134
NAME SALVADORA SANTOS, BARBARA	<input type="checkbox"/> Delete	NAME Maria E. Batista	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 295 MIRACLE MILE	<input type="checkbox"/> Delete	STREET ADDRESS 270 Miracle Mile	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP CORAL GABLES FL 33134	<input type="checkbox"/> Delete	CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	<input type="checkbox"/> Delete	ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	<input type="checkbox"/> Delete	ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	<input type="checkbox"/> Delete	ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP	<input type="checkbox"/> Delete	ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Maria E. Batista* DATE 4/28/00 DAYTIME PHONE # 305 648-1418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)