

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032659

1. Entity Name

EXPRESS SHOE II, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90235 018 ***150.00

Principal Place of Business	Mailing Address
343 NW 25 STREET MIAMI FL 33127	343 NW 25 STREET MIAMI FL 33127-4331

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		13707 SW 101 TERRACE	
City & State		City & State MIAMI FL	
Zip	Country	Zip	Country
		33186	



DO NOT WRITE IN THIS SPACE

4. FEI Number		65-0827693		Applied For
				Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MATTAR, MUNAIR 13707 SW 101 TERRACE MIAMI FL 33182		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.

SIGNATURE _____ (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. <input type="checkbox"/> (See criteria on back)	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	PVTS	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTAR, MUNAIR	NAME	
STREET ADDRESS	13707 SW 101 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33182	CITY-ST-ZIP	MIAMI, FL 33186
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTAR, MUNAIR	NAME	
STREET ADDRESS	13707 SW 101 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33182	CITY-ST-ZIP	MIAMI, FL 33186
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 305 386 6635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ✓ 2 24 2000 Date Daytime Phone #

CR2E034 (9/99)