

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035179

1, Entity Name

SENSATION SHOES, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90104 019 ***150.00

Principal Place of Business

Mailing Address

C/O DADE CORPORATE SERVICES INC.
2300 CORAL WAY - SUITE 103
MIAMI FL 33145

C/O DADE CORPORATE SERVICES INC.
2300 CORAL WAY - SUITE 103
MIAMI FL 33145-3511

2. Principal Place of Business

3. Mailing Address

9530 HARDING AVE

9530 HARDING AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SURFSIDE, FL

City & State

SURFSIDE, FL

Zip

Country

33154

Zip

Country

33154

4. FEI Number

65-0827849

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

DADE CORPORATE SERVICES, INC.
2300 CORAL WAY
SUITE 103
MIAMI FL 33145

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
D BEJAR, SALOMON
STREET ADDRESS 16445 COLLINS AVENUE #1024
CITY-ST-ZIP MIAMI BEACH FL 33160

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

TITLE ☐ Delete
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
PRESIDENT
NAME VALENTIN BEJAR
STREET ADDRESS 14230 SW 91ST
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Delete
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/03/2000 (305) 866-3416

CR2E034 (9/99)