

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90037 011 ***150.00

DOCUMENT # P98000043055

1. Entity Name
CALZATURA INC.

Principal Place of Business

7930 WEST 26 AVE
#7
HIALEAH FL 33016

Mailing Address

7930 WEST 26 AVE
#7
HIALEAH FL 33016

933340



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4747 Dog Hill Road

3. Mailing Address

4747 Dog Hill Road

Suite, Apt. #, etc.

12

Suite, Apt. #, etc.

12

City & State

Sunrise, FL

City & State

Sunrise, FL

4. FEI Number

65-0835507

Applied For

Not Applicable

Zip

33351

Country

Broward

Zip

33351

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCBEAN, HOWARD
4827 NORTH WEST 92 AVENUE
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

Howard McBean

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

4221 NW 55 Drive

City

Coconut Creek

FL

Zip Code

33073

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	MCBEAN, HOWARD	
STREET ADDRESS	4827 NORTH WEST 92 AVENUE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input type="checkbox"/> Delete
NAME	BODDEN, YVETTE	
STREET ADDRESS	3400 NORTH WEST 178 STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	(President) P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Howard McBean	
STREET ADDRESS	4221 NW 55 Drive	
CITY-ST-ZIP	Coconut Creek, FL 33073	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yvette McBean	
STREET ADDRESS	4221 NW 55 Drive	
CITY-ST-ZIP	Coconut Creek, FL 33073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/01 954-749-4343

CR2E034 (10/00)