

2001 UNIFORM BUSINESS REPORT (UBR).

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90480 027 ***150.00

0145783

DOCUMENT # P98000059324

1. Entity Name
SIGNATURE SHOES, INC.

Principal Place of Business
**755 NW 72ND AVE.
 PLAZA 3
 MIAMI FL 33126**

Mailing Address
**777 N.W. 72ND AVENUE
 PLAZA 3
 MIAMI FL 33126**

001444



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
755 NW 72nd Ave
 Suite, Apt. #, etc.
Plaza 3
 City & State
MIAMI FL
 Zip
33126

4. FEI Number **NOT APPLICABLE**
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PRINZ, MARIA E
 755 NW 72 AVE
 PLAZA 3
 MIAMI FL 33126**

7. Name and Address of New Registered Agent

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSD			
	PRINZ, MARIA E			
	777 N.W. 72ND AVENUE			
	MIAMI FL 33126			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: 900thm
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____
 Daytime Phone # **(305) 267-4394**

CR2E034 (10/00)