

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099865

1. Entity Name

FOOT STATION, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90117 014 ***150.00

Principal Place of Business 2307 NW 20 ST MIAMI FL 33142	Mailing Address 2307 NW 20 ST MIAMI FL 33033-5292
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2. Principal Place of Business 570 SE 18 Lane Suite, Apt. #, etc.	3. Mailing Address 570 SE 18 Lane Suite, Apt. #, etc.
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City & State Homestead, FL	City & State Homestead, FL	4. FEI Number 65-0879340	Applied For Not Applicable
Zip 33030	Country U.S.A	Zip 33030	Country U.S.A



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BROWN, CAROL 2307 NW 20 ST MIAMI FL 33142	7. Name and Address of New Registered Agent Name Carol Brown Street Address (P.O. Box Number is Not Acceptable) 570 SE 18 Lane City Homestead FL Zip Code 33030
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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 Carol Brown DATE 4/27/00

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. <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 NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, CAROL 570 SE 18 LN HOMESTEAD FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Carol Brown DATE 4/27/00 DAYTIME PHONE # 305 230-0376

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR