04-16-2003 90242 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000003259 **DOCUMENT #**

1. Entity Name

SPEED LIMIT FOOTWEAR INC.

SPEED L		DIVERN, INC.			. (,				
Principal Place of Business 295 NW 26 STREET MIAMI FL 33127			Mailing Address 295 NW 26 STREET MIAMI FL 33127				- 		 68 68		
Principal Place of Business			3. Mailing Address				-				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			<u>, , , , , , , , , , , , , , , , , , , </u>	☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Numbe	65-0890905			plied For Applicable
Zip Country		Zip C		Country	′				Fee Required		
6. Name and Address of Current Registered Agent							7. Name and	Address of New R	egistered	Agent	
						Name		-			
SHUB, DI	enny 26 street					Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33127											
i stand Strik						City	FL Zip Code				
	e named entit tions of regis	y submits this statement f ered agent.	or the purp	ose of changing its re	egistered	office or register	red agent, or both	n, in the State of Flo	rida. I am	ı familiar with, a	ind accept
SIGNATURE .	Signature, typed	or printed name of registered agen	t and title if appl	icable. (NOTE:	Registered A	gent signature required	d when reinstating)		DATE		
After	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	f State					ction Campaign Fin st Fund Contribution	-		May Be to Fees
0.		OFFICERS AND	DIRECTO	RS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AN	D DIRECTORS	IN 11
ITLE IAME ITREET ADDRESS ITY-ST-ZIP	P SHUB, DI 295 NW 1 MIAMI FL	26 STREET		☐ Delete	TITLE NAME STREET A	ADDRESS I-ZIP				☐ Change	☐ Addition
ITLE IAME STREET ADDRESS SITY-ST-ZIP				□ Delete	TITLE NAME STREET A	ADDRESS 1-ZIP				☐ Change	☐ Addition
ITLE IAME ITREET ADDRESS CITY-ST-ZIP			_ lette	Delete	NAME STREET	ADDRESS 1-ZIP			* . .	_ Change	Addition
ITLE IAME STREET ADDRESS SITY-ST-ZIP				☐ Oelete	TITLE NAME STREET /	ADDRESS 1-ZIP				☐ Change	☐ Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP				Delete	TITLE NAME STREET	ADDRESS I-ZIP				☐ Change	☐ Addition
TILE				☐ Delete	TITLE					☐ Change	☐ Addition

12. Thereby 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 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP