

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028164

1. Entity Name  
EASY SHOES, CORP.

Principal Place of Business  
4702 NW 115TH TERRACE  
CORAL SPRINGS FL 33076

Mailing Address  
4702 NW 115TH TERRACE  
CORAL SPRINGS FL 33076

2. Principal Place of Business  
1453 NE 163<sup>RD</sup> STREET  
Suite, Apt. #, etc.

3. Mailing Address  
1453 NE 163<sup>RD</sup> STREET  
Suite, Apt. #, etc.

City & State  
NORTH MIAMI FL  
Zip 33162 Country MIAMI DADE USA

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NORTH MIAMI FL  
Zip 33162 Country MIAMI DADE USA

4. FEI Number 65-0966750

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DAVILA, OSCAR  
4702 NW 115TH TERRACE  
CORAL SPRINGS FL 33076

## 7. Name and Address of New Registered Agent

Name CARMEN DAVILA  
Street Address (P.O. Box Number is Not Acceptable)  
4309 FOX RIDGE DRIVE  
City WESTON FL Zip Code 33331

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 *Carmen Davila* CARMEN DAVILA PRESIDENT  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 09-01-00

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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 PRESIDENT ☒ Delete  
NAME OSCAR DAVILA  
STREET ADDRESS 4702 NW 115 TERRACE  
CITY-ST-ZIP CORAL SPRINGS, FL 33076

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME CARMEN DAVILA  
STREET ADDRESS 4309 FOX RIDGE DRIVE  
CITY-ST-ZIP WESTON, FL 33331

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

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

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

TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Carmen Davila* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 09-01-00 (305) 949-0309 Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)