2000 UNIFORM BUSINESS REPORT (UBR)

Mailed 4-9-00

FILED
00 OCT 16 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000062440

1. Entity Name
SHOES FOR YOU, INC.

Principal Place of Business	Mailing Address
7451 W. OAKLAND PARK BLVD. LAUDERHILL FL 33319	7451 W. OAKLAND PARK BLVD. LAUDERHILL FL 33319-4960

2. Principal Place of Business		3. Mailing Address	
		C/O BERGMAN	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 7451 W. OAKLAND Park BLVD	
City & State		City & State LAUDERHILL FL	
Zip	Country	Zip 33319	Country

DO NOT WRITE IN THIS SPACE
04/13/00 90038 035 #150

4. FEI Number 65-0934200 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERGMAN, AMI C 7451 W. OAKLAND PARK BLVD. LAUDERHILL FL 33319	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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE PRESIDENT NAME KAHN FAIZOOL STREET ADDRESS 4286 OKEECHOBEE BLVD CITY-ST-ZIP WEST PALM BEACH, Fl. 33409	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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SP

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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

P99000062440

Please Reinstate
we never got the
Original send to
us -

Thank you
ACAdjuster