FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am Secretary of State DOCUMENT # P99000065617 05-15-2001 90083 009 ***150.00 INTERNATIONAL SHOE WAREHOUSE OF ORLANDO, INC. Principal Place of Business Mailing Address 5235 WEST COLONIAL DRIVE 1525 NW 3RD ST ORLANDO FL 32808 14 DEERFIELD BEACH FL 33442 Principal Place of Business 8. Mailing Address 911 E. OAKLANDPARK BLVD 911 E. OAKLAND PARK Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0950162 OAKLAND PARK OAKLAND PARK - Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 3334 Fee Required <u> ን</u>ያዓያፈ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AHMED, M. MOUTER Street Address (P.O. Box Number is Not Acceptable) 1525 NW 3RD ST #14 **DEERFIELD BEACH FL 33442** City 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 4/2/01 (NOTE: Registered Agent signature required when reinstating) ed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE TITLE ☐ Change Delete . NAME ISLAM, MOHAMMED NAME STREET ADDRESS STREET ADDRESS 1525 NW 3RD ST #167 CITY-ST-ZIP CITY-ST-ZIP **DEERFIELD BEACH FL 33442** ☐ Change Addition ☐ Delete TITLE NAME KHAN, ABDUR ROSHID NAME STREET ADDRESS STREET ADDRESS 1525 NW 3RD ST #167 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 DS ☐ Delete TITLE Change Addition NAME NAME HOSSEN, MONIRUL STREET ADDRESS 1525 NW 3RD ST #167 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DEERFIELD BEACH FL 33442 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE-- Delete -TITLE ☐ Change ☐ 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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND YFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2d0

954-563-2060