

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90192 010 ***150.00

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DOCUMENT # P99000065617

1. Entity Name
INTERNATIONAL SHOE WAREHOUSE OF ORLANDO, INC.



Principal Place of Business
911 E OAKLAND PARK BLVD.
OAKLAND PARK FL 33334

Mailing Address
911 E OAKLAND PARK BLVD.
OAKLAND PARK FL 33334

2. Principal Place of Business
5235 W Colnial Dr.

Suite, Apt. #, etc.

3. Mailing Address
911 E.Oakland Pk Blvd

Suite, Apt. #, etc.

City & State
Orlando

City & State
Oakland Pk

Zip
FL-32808

Country
USA

Zip
FL-33334

Country
USA

4. FEI Number **65-0950162**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

AHMED, M. MOUTER
911 E. OAKLAND PARK BLVD
OAKLAND PARK FL 33334

7. Name and Address of New Registered Agent
Name **Mohammed Parvez**
Street Address (P.O. Box Number is Not Acceptable) **190.5. SR-7**
City **Hollywood** **FL** **Zip Code** **33023**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ISLAM, MOHAMMED	
STREET ADDRESS	1525 NW 3RD ST #167	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	KHAN, ABDUR ROSHID	
STREET ADDRESS	1525 NW 3RD ST #167	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	DS	<input type="checkbox"/> Delete
NAME	HOSSEN, MONIRUL	
STREET ADDRESS	1525 NW 3RD ST #167	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-894-8110

Date

Daytime Phone #

CR2E034 (10/02)