

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065764

1. Entity Name

SOBE SHOE COMPANY

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90117 045 ***150.00

Principal Place of Business

1423 WASHINGTON AVENUE
MIAMI BEACH FL 33139

Mailing Address

1423 WASHINGTON AVENUE
MIAMI BEACH FL 33127-4119

2. Principal Place of Business

829 LINCOLN RD.

3. Mailing Address

425 NW 26 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI, FL

4. FEI Number

65-0937075

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33127

Country

USA

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

STRATTON, DOUGLAS D ESQ
407 LINCOLN ROAD, SUITE 2A
MIAMI BEACH FL 33139

Name JRP GROUP, INC.

Street Address (P.O. Box Number is Not Acceptable)

425 NW 26 ST

City

MIAMI

FL

Zip Code

33127

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 D ☐ Delete
NAME PEREZ, JOAO RAMON
STREET ADDRESS 1423 WASHINGTON AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 425 NW 26 ST
CITY-ST-ZIP MIAMI, FL 33127

TITLE D ☐ Delete
NAME PEREZ, JAYME RAMON
STREET ADDRESS 1423 WASHINGTON AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 425 NW 26 ST
CITY-ST-ZIP MIAMI, FL 33127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)