

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067612

1. Entity Name

INTEGRITY SHOES, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90034 015 ***150.00

00040786



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6183 NORTHWEST 124TH DR.
CORAL SPRINGS FL 33076

6183 NORTHWEST 124TH DR.
CORAL SPRINGS FL 33076-1916

2. Principal Place of Business

3. Mailing Address

3420 N. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL.

City & State

4. FEI Number

65-0937507

Applied For

Not Applicable

Zip

Country

Zip

Country

33020

U.S.A.

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

FILINGS, INC.

3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

Name

Jay Kaplan

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

2420 N. Dixie Hwy

City

Hollywood

FL

Zip Code

33020

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 JAY A KAPLAN president of FILINGS, INC.

(NOTE: Registered Agent signature required when reinstating)

4/12/00

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 \$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	D KAPLAN, JAY A 6183 NORTHWEST 124TH DR. CORAL SPRINGS FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

JAY A KAPLAN president

4/10/00

954-425-0406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)