

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **799000111305**

1. Entity Name

**Calzatura of Gainesville, Inc.**

**FILED**

**02 NOV -7 PM 12:20**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**201 SE 2nd Ave #109  
Gainesville, FL 32601**

Mailing Address

**201 SE 2nd Ave #109  
Gainesville, FL 32601**

2. Principal Place of Business

**7757 NW 146th Street**

3. Mailing Address

**7757 NW 146th ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami Lakes, FL**

City & State

**Miami Lakes, FL**

Zip

Country

**33016**

Zip

Country

**33016**

4. FEI Number

**59-3613056**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**Dicandia, Naura  
201 SE 2nd Ave #109  
Gainesville, FL 32601**

7. Name and Address of New Registered Agent

**Robert + Betancourt  
Street Address (P.O. Box Number is Not Acceptable)  
7757 NW 146th Street  
City Miami Lakes FL Zip Code 33016**

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

*Robert J. Betancourt*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**10-20-02**

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. Dicandia, Naura 201 SE 2nd Ave #109 Gainesville, FL 32601</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. Dicandia, Cono 201 SE 2nd Ave #109 Gainesville, FL 32601</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.S. Robert Betancourt 7757 NW 146th Street Miami Lakes, FL 33016</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200008838582 11/06/02--01138--016 **61.25</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

*Robert J. Betancourt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-20-02**

CR2E034 (11/00)