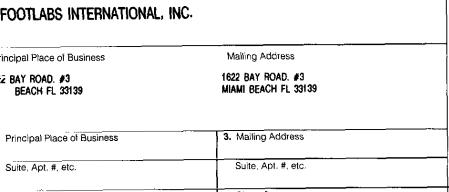
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111613 1. Entity Name FOOTLABS INTERNATIONAL, INC.

FILED May 17, 2000 8:00 am Secretary of State 05-17-2000 90943 005 ***150.00



					03-17-2000 9	0943 UU	13	0.00	
Principal Place of Business Mailing Add									
ō22 BAY ROAD. #3 BEACH FL 33139		1622 BAY ROAD, #3 MIAMI BEACH FL 33139							
2 Principal Pia	on of Business	3. Mailing Address							
2. Principal Place of Business		• Maining Address				1 14091 17007 1		NE IIII IEBI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE I	N THIS SP	ACE		
City & State		City & State		4 . F	4. FEI Number			Applied For Not Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired		8.75 Addee Require		
	6. Name and Address of Current	Registered Agent	·	7. N	lame and Address of New Regi	stered Ag	ent		
	*** * *	· <u> </u>	⁻ Name			-	-		
	artz, jarett Bay road, #3		Street Address (P.		ox Number is Not Acceptable)				
	BEACH FL 33139		Ciby				Zip Cod		
	•		City			FL		<u> </u>	
	ignature, typed or printed name of registered agent	FILE NOW	E. Registered Agent signature		instating) 10. Election Campaign Finan	DATE	\$5.0	May Be	
Tax filing red (See criteria	quirement and elects to do so.	After MAY 1, 20	000 Fee will be \$55 ble to Department o	of State	Trust Fund Contribution.		Added	to Fees	
11.	OFFICERS AND		12.	AC	DITIONS/CHANGES TO OFFICE				
	D DOWN A DOWN	☐ Delete	TITLE NAME			l	Change	☐ Addition	
	REINHARTZ, HAROLD 205 ROLLINGWOOD TRAIL		STREET ADDRESS						
	ALTAMONTE SPRINGS FL 3271	4	CITY-ST-ZIP				··		
· î -	D	Delete	TITLE				☐ Change	Addition	
	REINHARTZ, JARETT		NAME						
	1622 BAY ROAD, #3		STREET ADDRESS CITY-ST-ZIP						
CITY-ST-ZIP	MIAMI BEACH FL 33139	Delete	TITLE		Other Committee		☐ Change	Addition	
NAME		25 50,000	NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP					Addition	
		☐ Delete	TITLE				Change	Addition	
TITLE		□ Detele	NAME						
TITLE NAME		□ Detete	NAME STREET ADDRESS						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	· .	☐ Delete	STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR