## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # \$78701** Jan 13, 2000 8:00 am Secretary of State RINALDI'S FASHION SHOES, INC. 01-13-2000 90004 025 \*\*\*150.00 Principal Place of Business Mailing Address 2330 PALM RIDGE RD #5 2330 PALM RIDGE RD #5 SANIBEL FL 33957-3278 SANIBEL FL 33957 3. Mailing Address 2. Principal Place of Business 11 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SUIFE City & State Applied For 4. FEI Number 65-0283956 PL. Not Applicable Saribel \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RINALDI, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 1992 ROSGATE LN SANIBEL FL 33957 Zip Code 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 NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change PTD ☐ Delete TITLE TITLE RINALDI, ANTHONY NAME NAME STREET ADDRESS 1992 ROSGATE LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANIBEL ISLAND FL 33957 Change Addition Delete TITI F TITLE RINALDI, FRANKETTE K. NAME NAME STREET ADDRESS 1992 ROSGATE LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANIBEL ISLAND FL 33957 ☐ Change Addition ☐ Delete TITL F TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 this see 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

1/5/2000

9414725666

Daytime Phone #