

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90054 022 \*\*\*150.00

**DOCUMENT # S95122**

1. Entity Name

**SHOE ZONE, INC.**

Principal Place of Business

**14951 S. DIXIE HWY  
SUITE #3170  
MIAMI FL 33176  
US**

Mailing Address

**14951 S. DIXIE HWY  
MIAMI FL 33176  
US**

2. Principal Place of Business

**11401 NW 12 STREET  
Suite, Apt. #, etc.  
381**

3. Mailing Address

**3850 NW 114 AVENUE  
Suite, Apt. #, etc.**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-0305617**

Applied For

Not Applicable

Zip

**33172**

Country

**USA**

Zip

**33178**

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

**PREVITI, PETER  
5825 SUNSET DR.  
SUITE 210  
MIAMI FL 33143**

Name

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

City

**FL**

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

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, 2002 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	<input type="checkbox"/> Delete
P	HANNA, BARRY	9241 S.W. 140TH ST	MIAMI FL	<input type="checkbox"/>
D	HANNA, GINA	9241 SW 140 ST	MIAMI FL	<input type="checkbox"/>
D	HANNA, SONIA	9241 SW 140	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 an other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/02**

**305-252-7463**

Date

Daytime Phone #

CR2E034 (9/01)