

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY 29 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #	V10680
1. Entity Name	A Step Up Shoe Repair



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	6774 Stirling Road	3. Mailing Address	(same)
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State	Hollywood, FL	City & State	
Zip	33024	Country	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0312361	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	Felix Midence
Street Address (P.O. Box Number is Not Acceptable)	6774 Stirling Road
City	Hollywood FL Zip Code 33024

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	President	TITLE	
NAME	Felix Midence	NAME	
STREET ADDRESS	6774 Stirling Road	STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL 33024	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Luis A. Miranda	NAME	
STREET ADDRESS	5660 SW 87 Ave.	STREET ADDRESS	
CITY-ST-ZIP	Cooper City, FL 33328	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X Felix Midence SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2E034B (12/02)

8/5/20