2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

V23764 DOCUMENT

1. Entity Name

HOMETOWN SHOE REPAIR. INC.



Principal Place of Business Mailing Address 1362 WESTON ROAD 1362 WESTON ROAD FORT LAUDERDALE FL 33326 FORT LAUDERDALE FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number City & State Applied For 65-0316371 Not Applicable Ζip Country Country \$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 FILIPPELLI, FRANK Street Address (P.O. Box Number is Not Acceptable) 1362 WESTON ROAD FORT LAUDERDALE FL 33326 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition FILIPPELLI, FRANK NAME NAME 1362 WESTON ROAD STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete~ TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition

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 Block 11 if changed, or on an attachment with

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIE

CITY-ST-ZIF TITLE

☐ Delete

Daytime Phone #

☐ Change

Addition

FILED

Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90117 020 ***150.00