APPROVED 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # V59220 00 JUL 18 AM 10: 56 1. Entity Name ALPERT SHOE CORPORATION SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 422 WARREN LANE -422 WARREN LANE KEY BISCATNE FL 33149 KEY BISCAYNE FL 33149 3. Mailing Address 2. Principal Place of Business 815 Harbor 315 Harbor DRIVE MIVE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 65-0355504 BISCAY Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALPERT, MARC Street Address (P.O. Box Number is Not Acceptable) **422 WARREN LANE KEY BISCAYNE FL 33149** Zip Code BISCAY NE 33149 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRESIDENT Change ☐ Addition TITLE Delete TITLE ALPERT MARC NAME NAME 815 HARbOR DRIVE CR2E034 STREET ADDRESS STREET ADDRESS **422 WARREN LANE** CITY-ST-ZIP **KEY BISCAYNE FL 33149** CITY-ST-ZIP Key BISCAYNE , FL 33149 TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE 900003342775 NAME NAME -08/01/00--01094--014 STREET ADDRESS STREET ADDRESS ****150.00 ± ****150.00 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 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASC

THE ALPERT SHOE CORPORATION

815 HARBOR DRIVE KEY BISCAYNE, FL 33149 305-365-9669 TEL 305-365-9668 FAX EMAIL ASCCORP@AOL.COM

July 12, 2000

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Gentlemen:

I am sending in my filing fee for \$150. The reason it does not include a late fee it that my mail was not forwarded properly to me. I have included the original outside envelope which clearly shows the yellow sticker affixed by the Post Office.

Thank you for your understanding in this matter.

Yery truly yours.



FLORIDA DEPARTMENT OF STATE
Katherine Harris DIVISION OF CORPORATIONS Secretary of State

Tallahassee, Florida 32314

P.O. Box 6327

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