

05-21-2002 90880 016 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000750

1. Entity Name

VICKY SHOES, INC.

005140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4251 W FLAGLER ST.

3. Mailing Address
4251 W FLAGLER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33134

Country

Zip
33134

Country

4. FEI Number
65-1066190

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
NAVARRO, CATALINA
 Street Address (P.O. Box Number is Not Acceptable)
4251 W FLAGLER ST.

City **MIAMI** FL Zip Code **33134**

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 consenting)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back)

January 1 - May 1 Fee is **\$180.00**
 After May 1, Fee is **\$550.00**
 Amended UBR is **\$61.25**
 Make Check Payable to Department of State

10. Election Campaign Financing Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD NAVARRO, CATALINA I. 4251 W FLAGLER ST. MIAMI, FL. 33134
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD GOMEZ, JUAN C. 4251 W FLAGLER ST. MIAMI, FL. 33134
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other, like empowered.

SIGNATURE

Catalina Navarro

CATALINA NAVARRO - PD

4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR3E034B (12/01)