2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State
02-13-2002 90219 036 ***150.00

B0024816

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000060003

1. Entity Name
HARDWEAR LEATHER FORT LAUDERDALE, INC.

Principal Place of Business	Mailing Address
1913 N ANDREWS AVE WILTON MANORS FL 33311	1913 N ANDREWS AVE WILTON MANORS FL 33311

2. Principal Place of Business	3. Mailing Address
1949 NW 9TH AVE	517 NW 21 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT LAUDERDALE	City & State: WILTON MANORS
Zip: 33311 Country: BROWARD	Zip: 33311 Country: BROWARD

4. FEI Number 04-3591548 ☐ Applied For ☐ Not Applicable

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
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132	Name: ALAN S KACHIN Street Address (P.O. Box Number is Not Acceptable): 517 NW 21 STREET City: WILTON MANORS FL Zip Code: 33311

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] ALAN S KACHIN PRES. 1/28/02
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KACHIN, ALAN S 1913 N ANDREWS AVE WILTON MANORS FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 517 NW 21 STREET WILTON MANORS FL 33311	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/01)

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 like empowered.

SIGNATURE: [signature] ALAN S KACHIN 1/28/02 9545636981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #