

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 480778

1. Entity Name

BENTLEY'S LUGGAGE CORP.

Principal Place of Business

3353 N.W. 74TH AVENUE
MIAMI FL 33122-1229
US

Mailing Address

3353 N.W. 74TH AVENUE
MIAMI FL 33122-1229
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1617912

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

YOUNG, KENNETH J
3353 NW 74TH AVE
MIAMI FL 33122

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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, 2001 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 OD
NAME MCFARLANE, WILLIAM
STREET ADDRESS 3353 N.W. 74TH AVENUE
CITY-ST-ZIP MIAMI FL 33122 ☐ Delete

TITLE D
NAME KIRSH, ADAM
STREET ADDRESS 2 COPLEY PLACE
CITY-ST-ZIP BOSTON MA 02116 ☒ Delete

TITLE D
NAME BERG, STEVE
STREET ADDRESS 2 COPLEY PLACE
CITY-ST-ZIP BOSTON MA 02116 ☐ Delete

TITLE PD
NAME YOUNG, KENNETH J
STREET ADDRESS 3353 NW 74TH AVE
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE D
NAME PRETLOW, JOSEPH
STREET ADDRESS 2 COPLEY PLACE
CITY-ST-ZIP BOSTON MA 02116 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/01



DO NOT WRITE IN THIS SPACE

919529

CR2E034 (10/00)