

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91038 044 \*\*\*150.00

**DOCUMENT # 683359**

1. Entity Name  
**GENUINE LEATHERS, INC.**



Principal Place of Business  
**10206 VISTA POINTE DR  
TAMPA FL 33635**

Mailing Address  
**10206 VISTA POINTE DR  
TAMPA FL 33635**

2. Principal Place of Business

3. Mailing Address

**124-12th st. East**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Tierra Verde FL**

Zip

Country

Zip

Country

**33715**

**USA**

4. FEI Number **59-2055861**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, BERNARDO JR  
10206 VISTA POINTE DR  
TAMPA FL 33635**

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. 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  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE                           | NAME        | STREET ADDRESS               | CITY-ST-ZIP                                     | TITLE   | NAME | STREET ADDRESS | CITY-ST-ZIP |
|---------------------------------|-------------|------------------------------|---|---|------|----------------|-------------|
| <input type="checkbox"/> Delete | <b>P</b>    | <b>GONZALEZ, BERNARDO SR</b> | <b>10206 VISTA POINTE DR<br/>TAMPA FL 33635</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |             |
| <input type="checkbox"/> Delete | <b>VPTS</b> | <b>GONZALEZ, BERNARDO JR</b> | <b>10206 VISTA POINTE DR<br/>TAMPA FL 33635</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |             |
| <input type="checkbox"/> Delete |             |                              |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |             |
| <input type="checkbox"/> Delete |             |                              |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |             |
| <input type="checkbox"/> Delete |             |                              |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |             |
| <input type="checkbox"/> Delete |             |                              |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |             |
| <input type="checkbox"/> Delete |             |                              |   | <input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.

SIGNATURE:

**Bernardo Gonzalez**

**4-15-03 (813) 854 2062**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)