

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0066467 AV

DOCUMENT # - F99000006220

1. Entity Name
HEYS (USA), INC.



FILED

03 OCT -6 PM 12:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
7500 N.W. 81ST PLACE, UNIT 3
MIAMI FL 33166

Mailing Address
7500 N.W. 81ST PLACE, UNIT 3
MIAMI FL 33166



2. Principal Place of Business
7950 NW 77th

3. Mailing Address
7950 NW 77th

Suite, Apt., etc.
Bldg C Suite #1

Suite, Apt., etc.
Bldg C Suite #1

City & State
Miami, FL

City & State
Miami, FL

REINSTATEMENT
CHECK HERE IF MAKING CHANGE 3

4. FEI Number 52-2173066

Applied For
Not Applicable

Zip 33166 Country USA

Zip 33166 Country USA

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

SHEIKH, HAROON
7500 N.W. 81ST PLACE, UNIT 3
MIAMI FL 33166

Name Haroon Sheikh
Street Address (P.O. Box Number is Not Acceptable)
7950 NW 77th
Bldg C Suite #1
City Miami, FL Zip Code 33166

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 *Haroon Sheikh*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Sept 4, 2003

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 CP
NAME SHEIKH, YAHYA M
STREET ADDRESS 4504 ANDIRON CT.
CITY-ST-ZIP MISSISSAUGA, ONTARIO CANADA L5V1C-8 ☐ Delete

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

TITLE VCV
NAME SHEIKH, HAROON Y
STREET ADDRESS 4504 ANDIRON CT.
CITY-ST-ZIP MISSISSAUGA, ONTARIO CANADA L5V1C-8 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
000023549750
10/03/03--01080--012 **150.00

TITLE DS
NAME SHEIKH, RAISA Y
STREET ADDRESS 4504 ANDIRON CT.
CITY-ST-ZIP MISSISSAUGA, ONTARIO CANADA L5V1C-8 ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Haroon Sheikh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

PAYMENT REQUEST ORDER FOR CHECKS AND ACH ENTRIES

TRANSACTION TYPE: ☐ ACH/ELECTRONIC CHECK ☒ CHECK/SHARE DRAFT ☐ PAPER DRAFT

☒ WRITTEN REQUEST - ORIGINAL ☐ WRITTEN REQUEST - RENEWAL ☐ VERBAL REQUEST*

Date: 9/24/03 Time: 1:30 ☐ a.m. ☒ p.m.

Account No.: 1505321506 Account Type: ☒ Checking/Share Draft ☐ Savings/Share

Account Name: HEYS USA INC. Expected Clearing Date:

From: FLORIDA DEPT OF STATE Transaction Amount: 150.00

Number(s):

For PPD, RCK, and ARC ACH Debits, and Check/Share Drafts or Paper Drafts

Reason for Stop Payment: Lost

*For verbal requests of stop payments, the financial institution will provide this form to the account holder for signature. The signed form must be received by the financial institution by the date specified by the financial institution. The verbal stop payment order will cease to be binding after 14 days.

STOP PAYMENT TERMS AND CONDITIONS

On the terms hereinafter set out, the undersigned account holder hereby instructs (financial institution name), hereinafter called "the Financial Institution", to stop payment on the above transaction(s). The stop payment order shall remain in effect for a) six months; b) until written notice is received from the account holder to revoke the stop payment order; or c) until payment of the entry has been stopped, whichever occurs first.

The account holder may renew this request when the six-month period has expired by completing a new Stop Payment Request. For recurring ACH debits, this order is effective for a one-time stop payment only, and is only stopping one entry. This order will NOT stop future recurring debits.

By directing the financial institution to stop payment on the above transaction(s), the account holder agrees to hold the financial institution harmless against any and all loss, claims, damages, and costs, including court costs and attorney's fees, that the financial institution may suffer or incur by reason of non-payment of the above transaction if presented for withdrawal of these instructions or expiration thereof.

The account holder understands that the stop payment request must be received in time to give the financial institution reasonable time to act upon it. Check one of the following boxes:

☐ For PPD entries and recurring WEB entries:

Three banking days advance notice prior to the expected transfer date of the debit entry is required to implement the stop payment request. If the stop payment order is received within three banking days of the expected transfer date, the financial institution will attempt to satisfy the request of the account holder, but will not be held liable if the request is not provided. (Account Holder initial here)

☐ For all other transaction types:

Check/Share Draft	ARC Entry	CTX Entry	TEL Entry	WEB Entry (Single entry only)
Paper Draft	CCD Entry	RCK Entry	POP Entry	

The stop payment request must be provided to the financial institution in such a time and in such a manner as to give the financial institution reasonable time to act on the request prior to acting on the paper item or ACH entry. (Account Holder initial here)

The account holder also understands that it is necessary to provide the correct information related to the transaction, and that a failure to do so may result in the payment of the above item. The account holder agrees to hold harmless and indemnify the financial institution for all expenses, costs, and damages incurred by payment of the above item if the payment is the result of failure of the account holder to meet the time requirements noted above, or if such payment is the result of failure of the account holder to furnish any item of information requested above completely and truthfully.

A charge, as reflected below, will be assessed to the account holder as payment for implementing this order.

☐ FEE ASSESSED: \$ N/C

I FURTHER DEPOSE AND SAY THAT THE DEBIT TRANSACTION DESCRIBED ABOVE WAS NOT ORIGINATED WITH FRAUDULENT INTENT BY ME OR ANY OTHER PERSON IN CONCERT WITH ME, AND THAT THE SIGNATURE BELOW IS MY OWN PROPER SIGNATURE. I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE IS TRUE AND CORRECT.

3 AUTH. Letter Attached.

Date: 9/24/03 Account Holder Signature: [Signature] Print Name: Julie Ramos

Date: 9/24/03 Financial Institution Representative: [Signature] Print Name: [Name]

Note: Stop payment requests should not be placed on entries that have already posted. Refer to Article Seven of the current ACH Rules Book for the rules surrounding stop payments of ACH and Electronic Check items.

Refer to Appendix Five for explanation of the Return Reason Codes used in relation to stop payments. The stop payment return reason code for all ACH items is R08, except when the stop payment was placed on the source document (i.e. paper check) relating to an ARC item (R38) or RCK item (R52).

Transaction Type Definitions

ACH: An ACH debit is an electronic transaction to an account that has been preauthorized by the account holder. It may be a one-time debit or recurring. When placing a stop payment on a recurring ACH transaction, you are stopping one payment only, but future debits may continue to be posted. If you wish to stop payment on all future transactions, you must contact the Originator. A PPD is a consumer transaction, and CCD and CTX are corporate transactions.

Electronic Check:

Point-of-Purchase (POP) - This is an ACH debit that was authorized at the Point of Purchase when the account holder provided a check for the retailer to scan to obtain account information. The account holder signed an authorization, a copy of which was returned to the account holder with the voided check.

Represented Checks (RCK) - This is a paper check that has been returned for NSF or uncollected funds through regular check clearing channels. The check has now been re-presented as an ACH debit.

Accounts Receivable Check (ARC) - This is a paper check that was sent through the mail as payment for goods or services, which has now been converted to an ACH debit due to an agreement between the account holder and the originator of the ACH debit.

Internet-Initiated Entries (WEB) - This is an ACH debit that was authorized over the Internet. These can be single entries or recurring.

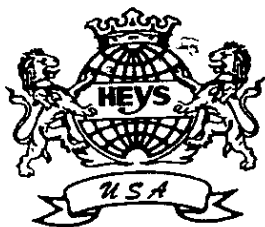
Telephone (TEL) - This is an ACH debit that was authorized over the telephone. This is a one-time (single) entry.

Paper Check Items:

These items clear through regular check processing channels.

Check/Share Draft - A draft for funds written by an account holder, drawn on a checking or share draft account. This item bears the account holder's signature.

Paper Draft - A paper check that was not written by the account holder but that was authorized by the account holder (e.g., over the phone). This item does not bear the account holder's signature.



HEYS

USA, Inc.

**IMPORTERS & EXPORTERS
OF LUGGAGE & LEATHER GOODS**

THE LEADERS IN LUGGAGE
HEYS USA INC.
7950 NW 77th Suite C-1
TEL: (305) 629-9720/
MIAMI, FL 33166 U.S.A

Date: September 29, 2003

Attention: Florida Dept of State

Re: Uniform Business Report for 2003 Doc# f99000006220

Please be advised that we received your notice on time and issued a check on March 21, 2003 Check # 1095, for the amount of \$150.00. Apparently, you have not received this check therefore we have asked the bank to issue a stop payment. Please waive the late fee.

Thank you,

Administration.