

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90086 035 ***550.00

DOCUMENT # G41336

1. Entity Name
ROBERT'S HANDBAGS, INC.

Principal Place of Business
28 NE 1ST AVE
HALLANDALE FL 33009
Mailing Address
28 NE 1ST AVE
HALLANDALE FL 33009

2. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number 59-2351129
Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIDOWITZ, ROBERT
28 NE 1 AVE
HALLANDALE FL 33009

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for DAVIDOWITZ, ROBERT.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 7/8/00
Daytime Phone #: 954 458 2525

CR2E034 (5/00)