

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90021 047 ***150.00

DOCUMENT # H69433

1. Entity Name
INTERLEATHER CORP.

Principal Place of Business

7839 NW 15 ST
MIAMI FL 33126
US

Mailing Address

7839 NW 15 ST
MIAMI FL 33126
US

2. Principal Place of Business

1850 NW 94 AVE.

Suite, Apt. #, etc.

3. Mailing Address

1850 NW 94 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33172

Country

Zip

33172

Country

4. FEI Number

59-2591387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

EDENBURG, DAVID
11775 SW 92ND TERRACE
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name
EDENBURG, SIMON

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

1850 NW 94 AVE.

City
MIAMI

FL

Zip Code

33175

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

Simon Edenburg

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

TITLE ☐ Delete
 NAME **V**
EDENBURG, SIMON
 STREET ADDRESS **7839 NW 15TH STREET**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
 NAME **S**
EDENBURG, SILVIA
 STREET ADDRESS **7839 NW 15TH STREET**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1850 NW 94 AVE.**
 CITY-ST-ZIP **MIAMI, FL. 33172**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1850 NW 94 AVE**
 CITY-ST-ZIP **MIAMI, FL. 33172**

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

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

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

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:

Simon Edenburg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/22/02

Daytime Phone #

0106062 AV

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE