

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90023 014 \*\*\*150.00

**DOCUMENT # K85808**

1. Entity Name

**LA TOUR LEATHER WORLD, INC.**

Principal Place of Business

Mailing Address

43 N OCEAN BLVD  
 POPANO BEACH FL 33062  
 US

43 N OCEAN BLVD  
 POPANO BEACH FL 33062-5706  
 US

2. Principal Place of Business

3. Mailing Address

**1644 SE 3rd Court**

**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Deerfield Beach, FL 33441**

City & State

City & State

US

Zip

Country

Zip

Country

4. FEI Number

**65-0142519**

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

**WEISSMAN, HAROLD**  
**4597 N UNIVERSITY DR**  
**LAUDERHILL FL 33351**

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, 2000 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  Delete  
 NAME **PD PAVONE, JULIO**  
 STREET ADDRESS **43 N. A1A**  
 CITY-ST-ZIP **POMPANO BCH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD PAVONE JULIO**  
 STREET ADDRESS **600 S. OCEAN BLVD #703**  
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Delete  
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 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:**

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/29/00**  
 Date

Date

Daytime Phone #

CR2F034 (9/99)