

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90104 021 ***150.00

DOCUMENT # P00000010073

1. Entity Name
LEATHER UNLIMITED CORP.

Principal Place of Business

1670 W. 38TH PL
HIALEAH FL 33012

Mailing Address

1670 W. 38TH PL
HIALEAH FL 33012

2. Principal Place of Business

1670 W. 38TH PL

Suite, Apt. #, etc.

3. Mailing Address

1670 W. 38TH PL.

Suite, Apt. #, etc.

City & State

Hialeah FL.

City & State

Hialeah FL.

Zip

33012

Country

Miami-Dade

Zip

33012

Country

Miami Dade

4. FEI Number

65-0983562

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLAZOS, JULIO M
1670 W. 38TH PL
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

JUAN C SANCHEZ

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

7322 MIAMI Lakeway So.

City

MIAMI LAKES

FL

Zip Code

33014

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

Juan C. Sanchez

Juan C Sanchez

2/15/02

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 **PD** ☐ Delete
NAME **COLLAZOS, JULIO M**
STREET ADDRESS **1670 W. 38TH PL**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D** ☒ Delete
NAME **MORENO, CESAR**
STREET ADDRESS **420 N.W. 103RD TERR**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

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
CITY-ST-ZIP

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

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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:

Juan C Sanchez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)