

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90195 030 \*\*\*150.00

**DOCUMENT # P00000084661**

1. Entity Name

**SILVER KING LEATHER PRODUCTS, INC.**

Principal Place of Business

**6229 72ND AVE. NORTH  
 PINELLAS PARK FL 33781**

Mailing Address

**6229 72ND AVE. NORTH  
 PINELLAS PARK FL 33781**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3672708**

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

**RAMACIERE, DINO  
 6229 72ND AVE. NORTH  
 PINELLAS PARK FL 33781**

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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

TITLE **D** ☐ Delete  
 NAME **RAMACIERE, DINO**  
 STREET ADDRESS **6229 72ND AVE. NORTH**  
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Delete  
 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: **DEKORAN DEACON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-10-02**

**727-545-1987**

CR2E034 (4/02)

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000084661**

1. Entity Name

**SILVER KING LEATHER PRODUCTS, INC.**

*Attachment  
B0129419*

Principal Place of Business

**6229 72ND AVE. NORTH  
PINELLAS PARK FL 33781**

Mailing Address

**6229 72ND AVE. NORTH  
PINELLAS PARK FL 33781**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

4. FEI Number

**59-3672708**

Applied For

Not Applied For

5. Certificate of State Required

☐

\$5.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAMACIERE, DINO**

**6229 72ND AVE. NORTH**

**PINELLAS PARK FL 33781**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent to that in the State of Florida.

SIGNATURE

Signature of the principal officer or director of the corporation

(If the principal officer or director is not a resident of the State of Florida, the signature of the principal officer or director of the corporation must be accompanied by the signature of the principal officer or director of the corporation who is a resident of the State of Florida.)

10. Blockholder's name and address  
For filing in Block 11 or 12

\$5.00 May Be  
Added to Fee

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

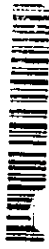
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 another like empowered.

SIGNATURE:

*Dino Ramaciore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-12-02 787-545-128*  
Date

2826



DATE 4-18-02		1112	75
PAY TO FLORIDA DEPT			
OF STATE			
FOR UBR FILING			
2002			
		TOTAL	
		THIS CHECK	150 00
		OTHER TRANSFER	
FAX <input type="checkbox"/>		BALANCE	

ST SOURCE OF DEPOSITS AND INFORMATION ABOUT EXPENDITURES ON...

RECEIVED 1 APR 2002

STYLE: B-BSAMSN, CKS 600, DTS 0

Attachment  
#0000008466  
B0129419

Attachment  
ID# P000008461  
B0189419

**SILVER KING LEATHER PRODUCTS, INC.**

6229 72nd Avenue North  
Pinellas Park, FL 33781  
727-545-1987  
727-545-8406 (Fax)  
silver-king@mindspring.com

July 10, 2002

Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Madam/Sir:

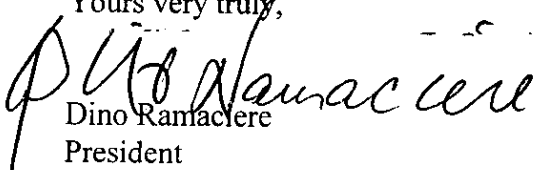
On April 18, 2002, I mailed the 2002 UBR filing for my corporation with a check for \$150.00 (check # 2826). Recently, I received notice that the filing has not been received.

Our bank statements for May and June show that the check was not deposited. I have enclosed for your review a copy of the original filing made on April 18, and also a copy of the check stub. I believe the first filing has either been lost in the mail, or is very delayed in reaching your office.

I am sending the second UBR filing with a check for \$150.00. If this is not acceptable, please let me know and I will issue an additional payment that includes the late fee.

I am sorry for any inconvenience this matter has caused your office. Thank you.

Yours very truly,

  
Dino Ramaciore  
President

Enclosed for review of the original filing made on April 18, 2002, and also a copy of the check stub. I believe the first filing has either been lost in the mail, or is very delayed in reaching your office.