04/30/2002 10:18 3058217252 GOMEZ VELAZQU

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90435 008 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098465 ✓

1. Entity Name
DESIGNER HANDBAG OUTLET OF MIAMI, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16850 COLLINS AV.	16850 COLLINS AV.
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: SUNNY ISLES, FL	City & State: SUNNY ISLES, FL
Zip: 33166 Country	Zip: 33166 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1047799 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: OLACIREGUI, JAMES G.
Street Address (P.O. Box Number is Not Acceptable): 1900 NE 197th TERRACE
City: NORTH MIAMI BEACH FL Zip Code: 33179

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 ______ DATE

9. This corporation is eligible to satisfy its annual report tax filing requirements and elects to do so (See instructions on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	TITLE	
NAME	OLACIREGUI, RAQUEL E.	NAME	
STREET ADDRESS	16850 COLLINS AVENUE	STREET ADDRESS	
CITY ST ZIP	SUNNY ISLES, FL 33160	CITY ST ZIP	
TITLE	VD	TITLE	
NAME	OLACIREGUI, JAMES G.	NAME	
STREET ADDRESS	16850 COLLINS AVENUE	STREET ADDRESS	
CITY ST ZIP	SUNNY ISLES, FL 33160	CITY ST ZIP	
TITLE		TITLE	DO NOT WRITE IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY ST ZIP		CITY ST ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] Pres X 04/30/02 (305)949-4828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR