

2003

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90099 009 ***150.00

DOCUMENT # P01000004060

1. Entity Name
Leather International Business, Inc.

DO NOT WRITE IN THIS SPACE

90055542

2. Principal Place of Business
7270 N.W. 12th St.
Suite, Apt. #, etc.
Suite 761
City & State
Miami, FL

3. Mailing Address
7270 N.W. 12th St.
Suite, Apt. #, etc.
Suite 761
City & State
Miami, FL

DO NOT WRITE IN THIS SPACE

Zip Country
33126-1929 USA

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33126-1929 USA

4. FEI Number
65-1071255

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
del Valle, Manuel R.

Street Address (P.O. Box Number is Not Acceptable)
7270 N.W. 12th St.

Suite 761

City
Miami

Zip Code
FL 33126-1929

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D/P/T
Arroyave, Aura

STREET ADDRESS
Carrera 65, #13B-125, Apt. 108-C

CITY - ST - ZIP
Santiago de Cali, Colombia

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
D/S
Roa, Arturo

STREET ADDRESS
Carrera 65, #13B-125, Apt. 108-C

CITY - ST - ZIP
Santiago de Cali, Colombia

TITLE
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STREET ADDRESS
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Aura Arroyave 3/12/03 . 305-477-6116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)