

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90174 034 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000046643

1. Entity Name
HIDES & SHEEPSKIN, INC.

Principal Place of Business
8143 NW 12TH ST
CORAL SPRINGS FL 33071

Mailing Address
8143 NW 12TH ST
CORAL SPRINGS FL 33071

2. Principal Place of Business
14250 S.W. 136th STREET

3. Mailing Address
14250 SW 136th STREET

Suite, Apt. #, etc.
BAY #9

Suite, Apt. #, etc.
BAY #9

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33186

Country
USA

Zip
33186

Country
USA

4. FEI Number
65-1101958

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SCHILLINGER, GERHARD
8143 NW 12TH ST
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name **SCHILLINGER, GERHARD**
 Street Address (P.O. Box Number is Not Acceptable) **14250 SW 136 STREET #9**
 City **MIAMI** **FL** Zip Code **33186**

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 **4-29-02**

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 **SCHILLINGER, GERHARD**
 STREET ADDRESS **8143 NW 12TH ST**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

305 969 3680

Date Daytime Phone #

CR2E034 (9/01)