2003 FOR PROFIT CORPORATION

P01000046643

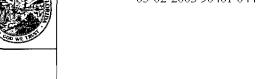
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

HIDES & SHEEPSKIN, INC.



FILED



Principal Place of Business 14250 SW 136TH STREET BAY # 9 MIAMI FL 33186				Mailing Address 14250 SW 136TH STREET BAY # 9 MIAM! FL 33186								
2. Principal Place of Business				3. Mailing Address						218 8 311 8 9 311)		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State				65-1101958			oplied For ot Applicable	
Zip Country			Zip		itry	5.	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Re				gistered Agent			7. Name and Address of New Registered Agent					
						Name						
SCHILLINGER, GERHARD 14250 SW 136TH STREET				5			Street Address (P.O. Box Number is Not Acceptable)					
# 9	1 130111 311	TEC I									,	
MIAMI FL 33186									FL	Zip Cod	e	
	tions of registe					ed office or re		gent, or both, in the State of Fl	orida. I am fa	amiliar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				State				Election Campaign Fi Trust Fund Contribution			May Be I to Fees	
10.		OFFICERS AND	DIRECTO	RS	11.		A	ODITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8143 NW 1	ER, GERHARD 12TH ST RINGS FL 33071		☐ Delete		i				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	-	☐ Delete	1		-			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAMI STRE					☐ Change	Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP