

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90127 010 ***150.00

DOCUMENT # P02000003183

1. Entity Name
LEATHER SOLUTIONS, INC.



Principal Place of Business
**1061 SAN PEDRO AVE.
CORAL GABLES FL 33156**

Mailing Address
**1061 SAN PEDRO AVE.
CORAL GABLES FL 33156**



2. Principal Place of Business
16800 SW 96 CT
Suite, Apt. #, etc.

3. Mailing Address
16800 SW 96 CT
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL
Zip
33157
Country
USA

City & State
MIAMI FL
Zip
33157
Country
USA

4. FEI Number
01-0514590

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SISSON, LARRY
218 SOUTHERN COUNTRY LN.
QUINCY FL 32351**

7. Name and Address of New Registered Agent

Name **JOAQUIN Collazo**
Street Address (P.O. Box Number is Not Acceptable)
8345 SW 58 ST
City **MIAMI** FL Zip Code **33143**

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 **JOAQUIN Collazo Pres.** **1-24-03**
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **PEREZ, ANTONIO**
STREET ADDRESS **1061 SAN PEDRO AVE.**
CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Change ☒ Addition
NAME **JOAQUIN Collazo**
STREET ADDRESS **16800 SW 96 CT**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☒ Addition
NAME **EDITH Collazo**
STREET ADDRESS **8345 SW 58 ST**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☒ Addition
NAME **JOAQUIN G. COLLAZO (VP)**
STREET ADDRESS **8345 SW 58 ST**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☒ Addition
NAME **Pedro Collazo**
STREET ADDRESS **8345 SW 58 ST**
CITY-ST-ZIP **MIAMI FL 33143**

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

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)