FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90746 030 ***150.00

90123321

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000039258

1. Entity Name
ORIGINAL GEAR, INC.

Principal Place of Business	Mailing Address
~~1919 N STATE RD 7~~ ~~105~~ ~~MARGATE, FL 33063~~	~~1919 N STATE RD 7~~ ~~105~~ ~~MARGATE, FL 33063~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1421 Banks Rd	1421 Banks Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARGATE, FL	City & State: MARGATE, FL
Zip: 33063 Country: USA	Zip: 33063 Country: USA

4. FEI Number: 75-2854003 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RESTREPO, JAIME A ~~1919 N. STATE ROAD 7~~ ~~105~~ ~~MARGATE, FL 33063~~	Name Street Address (P.O. Box Number Is Not Acceptable) 1421 Banks Rd City MARGATE FL Zip Code 33063

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GADSDEN, ORONDE ~~1919 N. STATE ROAD 7 #105~~ ~~MARGATE, FL 33063~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1421 Banks Rd MARGATE, FL 33063	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LALJI, DAVID ~~1919 N. STATE ROAD 7 #105~~ ~~MARGATE, FL 33063~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1421 Banks Rd MARGATE, FL 33063	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RESTREPO, JAIME ~~1919 N. STATE ROAD 7 #105~~ ~~MARGATE, FL 33063~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1421 Banks Rd MARGATE, FL 33063	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COSTLY, JANON ~~1919 N. STATE ROAD 7 #105~~ ~~MARGATE, FL 33063~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1421 Banks Rd MARGATE, FL 33063	☐ Change ☐ Addition
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CR2E034 (10/02)

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: _____ 4/28/03 954-917-5296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #