

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (U3R)

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DOCUMENT # P02000042683

1. Entity Name  
DESIGNER LEATHER GOODS OF FLORIDA INC.



FILED

03 SEP 25 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
320 SAN LORENZO, STE. 1107  
CORAL GABLES FL 33146

Mailing Address  
320 SAN LORENZO, STE. 1107  
CORAL GABLES FL 33146

2. Principal Place of Business  
320 San Lorenzo  
Suite, Apt. #, etc.  
Suite 1105  
City & State  
Coral Gables, FL  
Zip  
33146  
Country  
U.S.A.

3. Mailing Address  
320 San Lorenzo  
Suite, Apt. #, etc.  
Suite 1105  
City & State  
Coral Gables, FL  
Zip  
33146  
Country  
U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
42-1547403  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

NATIONSCORP-REGISTERED AGENTS, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301

## 7. Name and Address of New Registered Agent

Name  
Scott R. Willinger, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
Sax, Willinger & Gold  
8180 N W 36 Street, Suite 100  
City Miami FL Zip Code 33166

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 Scott Willinger 9/19/03  
Signature, typed 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: S. Willinger VERONICA BITTOL

08/22/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)