

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 930000 66683 (2)

1. Entity Name

LEATHER DEPOT, INC

Principal Place of Business

5100 N. UNIVERSITY DR.
LAUDERHILL, FL 33351

Mailing Address

5100 N. UNIVERSITY DR.
LAUDERHILL, FL 33351

2. Principal Place of Business

3. Mailing Address

14545J MILITARY TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Del Ray Beach, FL

Zip

Country

Zip

Country

33484

USA

4. FEI Number

62-0435796

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

GALLANT, RANDY
10080 S.W. 16 COURT
DAVIE, FL 33324

Name RANDY GALLANT

Street Address 14545J MILITARY TRAIL #353

City Del Ray Beach

FL

Zip Code 33484

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

[Signature]

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
GALLANT, RANDY
10080 S.W. 16 COURT
DAVIE, FL 33324

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00 561 638-3435

CR2E034 (9/99)