

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90246 039 ***150.00

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1. Entity Name
HANDBAGS PLUS OUTLET CORP.



Principal Place of Business
~~4171 N STATE ROAD 7~~
~~HOLLYWOOD FL 33021~~

Mailing Address
~~4171 N STATE ROAD 7~~
~~HOLLYWOOD FL 33021~~
US



2. Principal Place of Business

2221 NE 164 ST
Suite, Apt. #, etc.
1100

City & State
NO. MIAMI BCH FL
Zip
FL 33160 Country

3. Mailing Address

2221 NE 164th ST
Suite, Apt. #, etc.
1100

City & State
NO. MIAMI BCH FL
Zip
33160 Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0612925**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SEMEL, STUART
2365 NE 195 ST
NORTH MIAMI BEACH FL 33180

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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 **D** ☐ Delete
NAME **SEMEL, STUART**
STREET ADDRESS **2365 NE 195 ST**
CITY-ST-ZIP **NORTH MIAMI BCH FL 33180**

TITLE **D** ☐ Delete
NAME **SEMEL, DAVID**
STREET ADDRESS **5080 S.W. 34 TERRACE**
CITY-ST-ZIP **HOLLYWOOD FL 33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME **SEMEL DAVID**
STREET ADDRESS **2365 NE 195 ST**
CITY-ST-ZIP **NMB FL 33180**

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

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

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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: **4-16-03**

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)