2000 UNIFORM BUSINESS REPORT (UBR) -

FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # **P97000029784** MAIN STREET LUGGAGE & LEATHER, INC. 01-25-2000 90134 007 ***150.00 Principal Place of Business Mailing Address 1991 MAIN STREET 1991 MAIN STREET SARASOTA FL 34236-5960 7. FUUUUUU Sarasota FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. _ DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0740343 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code FL 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, 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 9. This corporation is eligible to satisfy its Intangible ... 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PVST** ☐ Change Addition TITLE ☐ Delete TITLE KHOURY, EDWARD NAME NAME 1472 Hain Street 1991 MAIN STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34236 Sarasota, FL 34236 ☐ Change TITLE ☐ Delete TITLE ☐ Addition KHOURY, EDWARD NAME 1422 Main Street STREET ADDRESS 1991 MAIN STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 Savasota, FL 34236 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY#ST=ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13: Thereby 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