

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90007 005 \*\*\*150.00

0236077

**DOCUMENT # P97000056079**

1. Entity Name

**IMPORTLEATHER, INC.**

Principal Place of Business

12360 S.W. 132 CT.  
 SUITE 210  
 MIAMI FL 33186

Mailing Address

12360 S.W. 132 CT.  
 SUITE 210  
 MIAMI FL 33186

2. Principal Place of Business

**1825 JOHNSON STREET**  
 Suite, Apt. #, etc.  
**108**

3. Mailing Address

**1825 JOHNSON STREET**  
 Suite, Apt. #, etc.  
**108**

City & State

**HOLLYWOOD - FL**

City & State

**HOLLYWOOD - FL**

Zip

**33020-3590**

Country

**BROWARD**

Zip

**33020-3590**

Country

**BROWARD**

6. Name and Address of Current Registered Agent

**JARAMILLO, YOLANDA**  
**4995 N.W. 72 AVE.**  
**SUITE 201**  
**MIAMI FL 33166**

4. FEI Number

**65-0765451**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

**FELIX M. VALDO**

Street Address (P.O. Box Number is Not Acceptable)

**1825 JOHNSON AVENUE**

**APT- 213**

City

**MIAMI BEACH**

FL

Zip Code

**33139**

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)

**4/30/01**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!**  
**After MAY 1, 2001 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

TITLE **PSD** ☐ Delete  
 NAME **ASCENCIO, HENRY**  
 STREET ADDRESS **433 CLEVELAND ST., #117**  
 CITY-ST-ZIP **CLEARWATER FL 34615**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1825 JOHNSON STREET - #108**  
 CITY-ST-ZIP **HOLLYWOOD - FL 33020-3590**

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

**03-2701**

Date

Daytime Phone #

CR2E034 (10/00)