## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # **P97000073022** 1. Entity Name FASHION HANDBAGS, INC.COM 01-31-2001 90285 013 \*\*\*150.00 Principal Place of Business Mailing Address 7695 S.W. 184TH STREET 7695 S.W. 104TH STREET SUITE 210 00011683MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business Mailing Address 13381 Truerton Rd 13381 Tiverton Rd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-1001688 Applied For Not Applicable Country USA \$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 LITTMAN, ERIC P 7695 S.W. 104TH STREET 5AME SUITE 210 MIAMI FL 33156 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition <del>LITTMAN, ERIC </del>P NAME NAME 7695 S.W. 104TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33156** CITY-ST-ZIP President TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME an Balsiger NAME STREET ADDRESS 81 Tiverton STREET ADDRESS CITY-ST-ZIP CA 92130 Treasurer CITY-ST-ZIP TITLE Delete TITLE Change Addition Judy Balsiger Rd NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

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, of on an attachment with an addless, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: July 1 Salsing

STREET ADDRESS

CITY-ST-ZIP

Judy Balsiger

1/14/01

8583508283

Daytime Phone #