

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90101 009 ***158.75

DOCUMENT # P97000105348

1. Entity Name

CUTE LEATHER COLLECTIONS, INC.

Principal Place of Business

Mailing Address

265 E FLAGLER STREET
 MIAMI FL 33131
 US

1827 NW 128 TERRACE
 PEMBROKE PINES FL 33028-2579

2. Principal Place of Business

3. Mailing Address

1827 NW 128 TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

City & State

4. FEI Number

65-0801713

Applied For

Not Applicable

Zip

Country

Zip

Country

33028

USA

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

LAKHANI, ASHRAF
 1827 NW 128 TERRACE
 PEMBROKE PINES FL 33028

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.

SIGNATURE

Ashraf Lakhani

4/30/00

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	PD	<input type="checkbox"/> Delete
NAME	LAKHANI, ASHRAF	
STREET ADDRESS	1827 NW 128 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAKHANI, RAFEEQ	
STREET ADDRESS	1827 NW 128 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LAKHANI, SALEEM	
STREET ADDRESS	1827 NW 128 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKHANI HABEEB	
STREET ADDRESS	1827 NW 128 TR	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKHANI ASHRAF	
STREET ADDRESS	1827 NW 128 TR	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKHANI SALEEM	
STREET ADDRESS	1827 NW 128 TR	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

Habeeb Lakhani HABEEB LAKHANI, President 4/30/00 (954) 442-3400
Ashraf Lakhani ASHRAF LAKHANI, Current President 4/30/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/99