

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000105348

1. Entity Name

CUTE LEATHER COLLECTIONS, INC.

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

05-19-2000 90101 009 \*\*\*158.75

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

1827 NW 128 TR

3. Mailing Address

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

Zip

Country

Country

33028

USA

4. FEI Number

65-0801713

Applied For

Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/00

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 ☐ Delete  
NAME LAKHANI, ASHRAF  
STREET ADDRESS 1827 NW 128 TERRACE  
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE VD ☐ Delete  
NAME LAKHANI, RAFAQ  
STREET ADDRESS 1827 NW 128 TERRACE  
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE STD ☐ Delete  
NAME LAKHANI, SALEEM  
STREET ADDRESS 1827 NW 128 TERRACE  
CITY-ST-ZIP PEMBROKE PINES FL 33028

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 PD ☒ Change ☐ Addition  
NAME LAKHANI HABEEB  
STREET ADDRESS 1827 NW 128 TR  
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE VD ☐ Change ☐ Addition  
NAME LAKHANI ASHRAF  
STREET ADDRESS 1827 NW 128 TR  
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE STD ☐ Change ☐ Addition  
NAME LAKHANI SALEEM  
STREET ADDRESS 1827 NW 128 TR  
CITY-ST-ZIP PEMBROKE PINES FL 33028

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HABEEB LAKHANI, President 4/30/00 (954) 442-3400

Date

Daytime Phone #

ASHRAF LAKHANI, Current President 4/30/00

CR2E034 19/99