

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90182 016 ***150.00

DOCUMENT # P97000105348

1. Entity Name

CUTE LEATHER COLLECTIONS, INC.

Principal Place of Business

1827 NW 128 TR
HOLLYWOOD FL 33028
US

Mailing Address

1827 NW 128 TERRACE
PEMBROKE PINES FL 33028

2. Principal Place of Business

1191 Thomasville Cir.

3. Mailing Address

1191 Thomasville Cir.

Suite, Apt. #, etc.

La

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

Lakeland FL

Zip

33801

Country

FL

Zip

33811

Country

F. 2

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

SALIM S LAKHANI

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

1191 THOMASVILLE CIR

City

LAKE LAND FL

FL

Zip Code

33811

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)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PD** ☐ Change ☐ Addition
NAME **SALIM S. LAKHANI**
STREET ADDRESS **1191 THOMASVILLE CIR LAKELAND FL 33811**

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

TITLE **VD** ☐ Change ☒ Addition
NAME **SADIQ S LAKHANI**
STREET ADDRESS **1191 THOMASVILLE CIR LAKELAND FL 33811**

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

TITLE **VD** ☐ Change ☐ Addition
NAME **SHABANA LAKHANI**
STREET ADDRESS **1191 THOMASVILLE CIR LAKELAND FL 33811**

TITLE **PD** ☐ Delete
NAME **HABEEB, LAKHANI**
STREET ADDRESS **1827 NW 128 TR**
CITY-ST-ZIP **HOLLYWOOD FL 33-0278**

TITLE **S-STD** ☐ Change ☐ Addition
NAME **MEENAZ LAKHANI**
STREET ADDRESS **1191 THOMASVILLE CIR LAKELAND FL 33811**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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)(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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)