2001 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P98000008755 1. Entity Name 04-04-2001 90115 046 ***150.00 AIR PORT LUGGAGE STORE, INC. Principal Place of Business Mailing Address 2025 HOLLYWOOD BLVD 2025 HOLLYWOOD BLVD HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0809864 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ORINGER, JOEL Street Address (P.O. Box Number is Not Acceptable) 2025 HOLLYWOOD BLVD HOLLYWOOD FL 33020 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Change ☐ Addition TITLE ☐ Delete TITLE ORINGER, JOEL NAME NAME STREET ADDRESS STREET ADDRESS 5026 SW 40TH AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33314 Delete TITLE ☐ Change Addition TITLE ORINGER, BERNARD NAME NAME STREET ADDRESS STREET ADDRESS 4911 SARAZEN DR. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE TITLE ☐ Change ☐ Addition Delete NAME ORINGER, JEAN NAME STREET ADDRESS STREET ADDRESS 4911 SARAZEN DR CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33021 TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

changed, or on an attachment with an addre