2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
05-10-2002 90014 007 ***150.00

DOCUMENT # P98000081040

1. Entity Name
TUMI INTERNATIONAL INC. ✓

Principal Place of Business	Mailing Address
1996 SOUTHWEST FIRST STREET MIAMI FL 33135	1996 SOUTHWEST FIRST STREET MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2100 Coral Way	2100 Coral Way
Suite, Apt. #, etc.: # 304	Suite, Apt. #, etc.: # 304
City & State: Mia Fl	City & State: Mia Fl
Zip: 33145 Country:	Zip: 33145 Country:

4. FEI Number: NOT APPLICABLE ☐ 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
PAULEY, MONICA 1996 SOUTHWEST FIRST STREET MIAMI FL 33135	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 _____ DATE
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D PAULEY, MONICA 1996 SOUTHWEST FIRST STREET MIAMI FL 33135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P Pauley, Monica 2100 Coral Way # 304 Mia Fl 33145	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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 REQUIRED Monica Pauley Pres. 4/15/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #