

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90120 002 \*\*\*150.00

**DOCUMENT # P98000106728**

1. Entity Name

**SAVANNAH LEATHER CORP.**

Principal Place of Business

Mailing Address

~~12239 S.W. 14TH LANE, APT. 3110~~  
~~MIAMI FL 33184~~

~~12239 S.W. 14TH LANE, APT. 3110~~  
~~MIAMI FL 33184-2642~~

2. Principal Place of Business

**10090 NW 80TH CT**

3. Mailing Address

**10090 NW 80TH CT**

Suite, Apt. #, etc.  
**APT # 1432**

Suite, Apt. #, etc.  
**APT # 1432**

City & State  
**HIALEAH GARDENS, FL**

City & State  
**HIALEAH GARDENS, FL**

4. FEI Number  
**65-0937294**

Applied For  
☐ Not Applicable

Zip  
**33016**

Country  
**USA**

Zip  
**33016**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~MEGA, MANUEL ARTHUR ESQ.~~  
~~100 SE 2ND ST~~  
~~37 FL NATIONS BANK TOWER~~  
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name  
**ANDREA M. ROMERO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10090 NW 80TH CT # 1432**  
 City  
**HIALEAH GARDENS FL** Zip Code  
**33016**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> <del>PARRA, INES</del> <del>12239 S.W. 14TH LANE, APT. 3110</del> <del>MIAMI FL 33184</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ANDREA M. ROMERO</b> <b>10090 NW 80TH CT #1432</b> <b>HIALEAH GARDENS, FL 33016</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**  
 Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/99)