

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

1092

DOCUMENT # P99000024873

1. Entity Name

LEXINGTON HANDBAGS, INC.

FILED

02 OCT 30 AM 9:10

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FL 32399
2000008443669--1
10/18/02--01035--005
****550.00 ****550.00

2. Principal Place of Business

8211 W. BROWARD BLVD.

Suite, Apt. #, etc.

200

City & State

PLANTATION

Zip

33324

Country

USA

3. Mailing Address

8211 W. BROWARD BLVD.

Suite, Apt. #, etc.

200

City & State

PLANTATION

Zip

33324

Country

USA

4. FEI Number

65-0903008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SHIMON FHIMA

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

8211 W. BROWARD BLVD., STE. 200

City

PLANTATION

FL

Zip Code

33324

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.

SHIMON FHIMA

(NOTE: Registered Agent signature required when reinstating)

DATE

10-16-02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIMON FHIMA 8211 W. BROWARD BLVD., STE. 200 PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SHIMON FHIMA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-924-3553

CR2E034B (12/01)

20f2

LEXINGTON HANDBAGS, INC.
8211 W. BROWARD BLVD., STE. 200
PLANTATION, FL 33324

10-16-02

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: P99000024873

To Whom It May Concern:

It has just come to my attention that my corporation has been dissolved for non-filing of its Uniform Business Report.

My mailing address has changed, and I never received my renewal form.

I have enclosed a blank report that I have filled out along with the filing fees for 2001 and 2002.

Please update your records and reinstate my corporation.

Thank you,



Shimon Fhima
President