

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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90118 029 ***150.00

DOCUMENT # P99000024873

1. Entity Name

LEXINGTON HANDBAGS, INC.



DO NOT WRITE IN THIS SPACE

10016119

2. Principal Place of Business

1210 STIRLING ROAD

Suite, Apt. #, etc.

8A

3. Mailing Address

1210 STIRLING ROAD

Suite, Apt. #, etc.

8A

City & State

DANIA, FL

City & State

DANIA, FL

4. FEI Number

65-0903008

Applied For

Not Applicable

Zip

33004

Country

USA

Zip

33004

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **SHIMON FHIMA**

Street Address (P.O. Box Number is Not Acceptable)
1210 STIRLING ROAD, BAY 8A

City **DANIA**

FL

Zip Code
33004

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

SHIMON FHIMA

1-23-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
ALFRED A. KNIBERG
21716 HAMMOCK POINT DRIVE
BOCA RATON, FL 33433**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COO
SHIMON FHIMA
11581 TARA DRIVE
PLANTATION, FL 33325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/T
ESTER FHIMA
11581 TARA DRIVE
PLANTATION, FL 33325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alfred A. Kniberg

ALFRED A. KNIBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-924-3553

Daytime Phone #

CR2E034B (12/02)