2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am g Secretary of State DOCUMENT # P99000060567 1. Entity Name 05-06-2002 90254 027 ***158.75 INTERNATIONAL AUTO LEATHER, INC. Principal Place of Business Mailing Address 2816 BANYAN BLVD CIRCLE NW 2816 BANYAN BLVD CIRCLE NW B0088824 **BOCA RATON FL 33431 BOCA RATON FL 33431** 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 52-2181474 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BERNAL, LORENZO** Street Address (P.O. Box Number is Not Acceptable) 2816 BANYAN BLVD CIRCLE NW **BOCA RATON FL 33431** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME PINEDA, CARLOS STREET ADDRESS 21218 ST ANDREWS BL STREET ADDRESS CITY-ST-7IP **BOCA RATON FL 33433** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME BERNAL, LORENZO STREET ADDRESS STREET ADDRESS 2816 BANYAN BLVD CIRCLE NW CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33431 TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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-7IF CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 the block in the proposed. changed, or on an attach

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP