FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am secretary of State P99000079014 DOCUMENT # 1. Entity Name 04-24-2002 90336 044 ***150.00 PURE LEATHER'S INC. Principal Place of Business Mailing Address 1391 SABAL TRAIL 1391 SABAL TRAIL WESTON FL 33327 WESTON FL 33327 2. Principal Place of Business 1892 Qsper 3. Mailing Address 1892 ane Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0996566 Florida Florida Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARDONA, ALICIA Street Address (P.O. Box Number is Not Acceptable) 1391 SABAL TRAIL WESTON FL 33327 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. - 4 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) Addition Change Delete TITLE TITLE CARDONA, ALICIA NAME NAME 1391 SABAL TRAIL 1892 aspen Lane STREET ADDRESS STREET ADDRESS WESTON FL 33327 CITY-ST-ZIP CITY-ST-7IP VP ☐ Addition TITLE ☐ Delete TITLE Change MOUNSEF, ELIAS NAME NAME 1391 SABAL TRAIL STREET ADDRESS STREET ADDRESS WESTON FL 33327 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete TEDESCO, JACQUELINE NAME NAME STREET ADDRESS 1391 SABAL TRAIL STREET ADDRESS WESTON FL 33327 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR