2000 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2000 8:00 am Secretary of State **DOCUMENT # V33355** 1. Entity Name 02-11-2000 90037 050 ***150.00 KENNY'S DESIGNER HANDBAGS INC Principal Place of Business Mailing Address 2900 WEST SAMPLE ROAD 1422 S E 2ND AVE. T0781000 DEERFIELD BCH. FL 33441-6710 POMPANO BEACH FL 33444 2. Principal Place of Business 3, Mailing Address 422 S.E. 210 4225.E. 2019 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0338264 Not Applicable \$8.75 Additional Rroward 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAWH, KENNETH R. Street Address (P.O. Box Number is Not Acceptable) 1422 S E 2ND AVE. DEERFIELD BCH. FL 33411 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE SAWH, KENNETH R. NAME NAME STREET ADDRESS 1422 S E 2ND AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DEERFIELD BCH. FL ☐ Change TITLE ☐ Delete TITLE BEHARRY, INDRA NAME NAME STREET ADDRESS STREET ADDRESS 1422 S E 2ND AVE. CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH. FL $\square \cdots$ ☐ Change TITLE - --Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Oelete $T(T) \in$ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ē., TITLE ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or discording 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 changed, or on an attachment with an address, with all other like empowered.

FILED