

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90285 013 \*\*\*150.00

**DOCUMENT # P97000073022**

1. Entity Name  
**FASHION HANDBAGS, INC.COM**

Principal Place of Business <del>7695 S.W. 104TH STREET</del> <del>SUITE 210</del> <del>MIAMI FL 33156</del>	Mailing Address 7695 S.W. 104TH STREET SUITE 210 MIAMI FL 33156
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00011689



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>13381 Tiverton Rd</b>	3. Mailing Address <b>13381 Tiverton Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State  
**San Diego, CA**

City & State

4. FEI Number **65-1001688**

Applied For  
 Not Applicable

Zip **92130** Country **USA**

Zip **92130** Country **USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LITTMAN, ERIC P**  
**7695 S.W. 104TH STREET**  
**SUITE 210**  
**MIAMI FL 33156**

**SAME**

Name  
**Margaret J. R. Scandi**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5742 MOORE HOUSE DR**  
 Suite **4400**  
**SAN DIEGO CA 92121** Zip Code  
**1798**

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) DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS</b> <del>LITTMAN, ERIC P</del> <del>7695 S.W. 104TH STREET</del> <del>MIAMI FL 33156</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Dan Balsiger</b> <b>13381 Tiverton Rd</b> <b>San Diego, CA 92130</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Treasurer</b> <b>Judy Balsiger</b> <b>13381 Tiverton Rd</b> <b>San Diego, CA 92130</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Judy Balsiger **Judy Balsiger** 1/14/01 858 350 8283  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILE 7-90

CR2E034 (10/00)