

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90008 036 ***150.00

DOCUMENT # P94000073288

1. Entity Name

D. LEB., INC.

Principal Place of Business

5954 SW 152ND ST
MIAMI FL 33157

Mailing Address

C/O L. ANNICHARICO
680 POINSETTA PARK N.
ENCINITAS CA 92024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0522506

Applied For

Not Applicable

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

LEBARON, DONALD L
5954 PARADISE POINT DR.
MIAMI FL 33157

Name SAME

Street Address (P.O. Box Number is Not Acceptable)

13627 DEERING BAY DR. Unit 801

City CORAL GABLES

FL

Zip Code 33158

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] D L LEBARON

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	P	<input type="checkbox"/> Delete
NAME	LEBARON, DONALD L	
STREET ADDRESS	5954 SW 152 ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	VT	<input type="checkbox"/> Delete
NAME	AIZCORBE, D.	
STREET ADDRESS	9654 N 35 PL	
CITY-ST-ZIP	PHOENIX AZ 85024	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANNICHARICO, L.	
STREET ADDRESS	680 POINSETTA PARK N	
CITY-ST-ZIP	ENCINITAS CA 92024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	13627 DEERING BAY DR Unit 801
CITY-ST-ZIP	CORAL GABLES, FL 33158
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

[Signature] D. L. LEBARON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/28/01

Daytime Phone #

305-252-9589

CR2034 (10/00)