

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90063 005 ***150.00

DOCUMENT # 371712

1. Entity Name

LESFI CORP.

Principal Place of Business

**5856 W FLAGLER ST
 MIAMI FL 33144**

Mailing Address

**5856 W FLAGLER ST
 MIAMI FL 33144**

2. Principal Place of Business

737 S.W. 98 PL.

Suite, Apt. #, etc.

3. Mailing Address

737 S.W. 98 PL.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33174

Country

U.S.A.

Zip

33174

Country

U.S.A.

4. FEI Number

59-1350732

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

**FIORICA, JAMES
 5856 W FLAGLER ST
 MIAMI FL 33144**

Name

737 S.W. 98 PL.

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

737 S.W. 98 PL.

City

Miami, FL

FL

Zip Code

33174

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. ☐

**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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **LESTINO, JOHN R**
 CITY-ST-ZIP **5856 W FLAGLER ST
 MIAMI, FL 00000**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7750 S.W. 72 Ave.**
 CITY-ST-ZIP **Miami, FL 33143**

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **FIORICA, JAMES**
 CITY-ST-ZIP **5856 W FLAGLER ST
 MIAMI, FL 00000**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **737 S.W. 98 PL.**
 CITY-ST-ZIP **Miami, FL 33174**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FIORICA, JAMES**
 CITY-ST-ZIP **5856 W FLAGLER ST
 MIAMI FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **737 S.W. 98 PL.**
 CITY-ST-ZIP **Miami, FL 33174**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

James Fiorica

JAMES FIORICA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/01 305-223-8589

Daytime Phone #

CR2E034 (10/00)