

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90094 023 \*\*\*550.00

**DOCUMENT # 403628**

1. Entity Name  
**LEOVENAR ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**2151 NW 13TH AVENUE 2151 NW 13TH AVENUE**  
**MIAMI FL 33142 MIAMI FL 33142**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1403135** Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**ROBERT, JULIA**  
**2151 NW 13 AVE**  
**MIAMI FL 33142**

## 7. Name and Address of New Registered Agent

Name **ROBERT Julia**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8042 NW 161 Terrace**  
 City **Miami Lakes FL** Zip Code **33016**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: **9/10/02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE	VSD	<input type="checkbox"/> Delete
NAME	JULIA, ZENaida	
STREET ADDRESS	4211 W 7 LANE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	PT	<input type="checkbox"/> Delete
NAME	JULIA, ROBERT	
STREET ADDRESS	4211 W 7 LN	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	SOCARAS, RASCIEL	
STREET ADDRESS	2555 COLLINS AVE. APT. 814	
CITY-ST-ZIP	MIAMI BEACH FL 33142	
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		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zenaida Julia	
STREET ADDRESS	4211 W 7 Lane	
CITY-ST-ZIP	Hialeah FL 33012	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT JULIA	
STREET ADDRESS	8042 NW 161 Terrace	
CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rasciel Socarras	
STREET ADDRESS	2555 Collins Ave, Apt 814	
CITY-ST-ZIP	Miami Beach, FL 33142	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BART BRINBAUM	
STREET ADDRESS	8015 SW 15 Street	
CITY-ST-ZIP	Miami Lakes, FL 33144	
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]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/10/02 305 635-1204**  
 Date Daytime Phone #

CR2E034 (4/02)