2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 403628

City-St-Zip:

VΡ

Title:

Name:

Address:

City-St-Zip:

MIAMI BEACH, FL 33142

BERNBAUM, BART

MIAMI, FL 33144

8015 SW 15 STREET

() Delete

Apŗ 28, 2003 Secretary of State

Entity Name: LEOVENAR ENTERPRISES, INC. **Current Principal Place of Business: New Principal Place of Business:** 2151 NW 13TH AVENUE MIAMI, FL 33142 **Current Mailing Address: New Mailing Address:** 2151 NW 13TH AVENUE MIAMI, FL 33142 FEI Number: 59-1403135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBERT, JULIA 8042 NW 161 TERRACE MIAMI LAKES, FL 33016 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Delete Title: () Change () Addition JULIA, ZENAIDA Name: Name: 4211 W 7 LANE Address: Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: JULIA, ROBERT Name: JULIA, ROBERT J 8042 NW 161 TERRACE 8042 NW 161 TERRACE Address: Address: MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition SOCARAS, RASCIEL SOCARAS, RASCIEL Name: Name: 2555 COLLINS AVE. APT. 814 2555 COLLINS AVE. APT. 814 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI BEACH, FL 33140

BIRNBAUM, BART S

8015 SW 15 STREET

MIAMI, FL 33144

(X) Change () Addition

VP S

Ρ SIGNATURE: ROBERT JULIA 04/28/2003