

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90187 007 ***150.00

DOCUMENT # 614971

1. Entity Name
LEROFAM CORPORATION



Principal Place of Business
% EDWARD BERGHOLM, JR.
1341 SW FIRST STREET
MIAMI FL 33135

Mailing Address
% EDWARD BERGHOLM, JR.
1341 SW FIRST STREET
MIAMI FL 33135



2. Principal Place of Business
c/o EDWARD BERGHOLM JR
Suite, Apt. #, etc.
1393 SW FIRST ST. #200

3. Mailing Address
c/o EDWARD BERGHOLM JR
Suite, Apt. #, etc.
1393 SW FIRST ST. #200

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number **59-1888036**

Applied For
Not Applicable

Zip
33135

Country
U.S.

Zip
33135

Country
U.S.

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

6. Name and Address of Current Registered Agent

BERGHOLM, EDWARD, JR., ESQ.
1341 SW FIRST STREET
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name
EDWARD BERGHOLM JR., ESQ.
Street Address (P.O. Box Number is Not Acceptable)
1393 SW FIRST ST. #200
City
MIAMI FL Zip Code
33135

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 Edward Bergholm Jr.

NEW ADDRESS

1-8-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OREL, SERGIO 5750 COLLINS AVE., APT. 16-C MIAMI FL 33140	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward Bergholm Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03 **(855) 541-7940**
Date Daytime Phone #

CR2E034 (10/02)