

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90067 038 ***150.00

DOCUMENT # G25028

1. Entity Name

LEON CASES ASSOCIATES, INC.

Principal Place of Business

**1845 NE 211TH TERRACE
%LEON CASES
NORTH MIAMI BEACH FL 33179**

Mailing Address

**1845 NE 211TH TERRACE
%LEON CASES
NORTH MIAMI BEACH FL 33179**

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

59-2269060

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

CASES, LEON

1845 NE 211TH TERRACE

NORTH MIAMI BEACH FL 33179

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/6/02
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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	CASES, LEON			
	1845 NE 211 TERRACE			
	N. MIAMI BEACH FL			
	VD			
	CASES, MARY KATONA			
	1845 NE 211 TERRACE			
	N. MIAMI BEACH FL			

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:

S. CASES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEON CASES

9/6/02

305-931-6670

Date

Daytime Phone #

CR2E034 (4/02)



Attachment
Dr. # G25028

ARCHITECTURE • PLANNING • INTERIOR DESIGN

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

September 6, 2002

To Whom It May Concern:

- Please accept this letter as notice that the Corporation in question, Leon Cases Associates, Inc., did not receive the prior notice and requests that the late fee be waived.
- Enclosed please find a check of 150.00 for the original filing fee.

Sincerely yours,

Leon Cases

Leon Cases, R.A., NCARB
President