

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007008

1. Entity Name

LEON & FARRAYE IMPORT AND EXPORT, L.L.C.

Principal Place of Business

9200 S DADELAND BLVD  
SUITE 603  
MIAMI FL 33156

Mailing Address

9200 S DADELAND BLVD  
SUITE 603  
MIAMI FL 33156

2. Principal Place of Business

18721 SW 28 Court

Suite, Apt. #, etc.

3. Mailing Address

18721 SW 28 Court

Suite, Apt. #, etc.

City & State

Miramar, Florida

City & State

Miramar, Florida

Zip

33029

Country

USA

Zip

33029

Country

USA

4. FEI Number

65-1017028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ

CUEVAS & RUBIN PA

9200 S DADELAND BLVD SUITE 603

MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

Andrew Cuevas, Esq.

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

536 Biltmore Way

City

Coral Gables

FL

Zip Code

33134

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

*Andrew Cuevas*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM HENECH, ELIAS FARRAYE ☐ Delete  
STREET ADDRESS 9200 S DADELAND BLVD SUITE 603  
CITY-ST-ZIP MIAMI FL 33156

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM FARRAYE HENECH, ELIAS ☒ Change ☐ Addition  
STREET ADDRESS 18721 SW 28 CT.  
CITY-ST-ZIP MIRAMAR, FL 33029

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 500008745745-9  
CITY-ST-ZIP -02/21/01--01089--019  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/13/01

Date

Daytime Phone #

CR2E083 (11/00)

FILED

01 FEB 19 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE