

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90013 001 ***150.00

DOCUMENT # L01000004910

1. Entity Name
LEHEON, LLC

Principal Place of Business
**3300 NORTH OCEAN BOULEVARD
 FORT LAUDERDALE FL 33308**

Mailing Address
**3300 NORTH OCEAN BOULEVARD
 FORT LAUDERDALE FL 33308**

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

65-1106441

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAUTTER, C. CHRISTIAN ESQ.
 C/O SEILER & SAUTTER
 2900 EAST OAKLAND APRK BOULEVARD, STE 200
 FORT LAUDERDALE FL 33306**

Name **Sam Kantzavelos**

Street Address (P.O. Box Number is Not Acceptable)
3300 N. Ocean Blvd.

City **Ft. Lauderdale**

FL

Zip Code **33308**

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 *Sam Kantzavelos* **SAM KANTZAVELOS President**

April 15/02

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
 NAME **MGR KANTZAVELOS, SAM C**
 STREET ADDRESS **3300 NORTH OCEAN BOULEVARD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

Change Addition
 TITLE NAME
 STREET ADDRESS **3700 Galt Ocean Dr. #1506**
 CITY-ST-ZIP **Ft. Lauderdale FL 33308**

TITLE Delete
 NAME **MGR CATZAVELOS, GEORGE C**
 STREET ADDRESS **3300 NORTH OCEAN BOULEVARD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

Change Addition
 TITLE NAME
 STREET ADDRESS **4100 Galt Ocean Dr #1514**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Delete
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Change Addition
 TITLE NAME
 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: *Sam Kantzavelos* **SAM KANTZAVELOS President** **April 15/02** **954-565-5505**

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

Date

Daytime Phone #

CR2E083 (9/01)