

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90003 003 ****50.00

DOCUMENT # L01000018029

1. Entity Name

LEEAD'S LUNA PARK, LLC

Principal Place of Business

6049 S.W. 38TH TRAIL
 JASPER FL 32052

Mailing Address

6049 S.W. 38TH TRAIL
 JASPER FL 32052

2. Principal Place of Business

6049 S.W. 38TH TRAIL

Suite, Apt. #, etc.

3. Mailing Address

6049 S.W. 38TH TRAIL

Suite, Apt. #, etc.

City & State

JASPER FLORIDA

City & State

JASPER FLORIDA

4. FEI Number

59-3759823

Applied For

Not Applicable

Zip

32052

Country

USA

Zip

32052

Country

U.S.A

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SMOLER, BRUCE J
 100 S.E. 2ND STREET
 SUITE 2620
 MIAMI FL 33131

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

TITLE	MANAGER MEMBER.	<input type="checkbox"/> Delete
NAME	CLAUDIA PORTNOY	
STREET ADDRESS	6049 S.W. 38TH TRAIL	
CITY-ST-ZIP	JASPER FLORIDA 32052	
TITLE	MANAGER MEMBER.	<input type="checkbox"/> Delete
NAME	AVI PORTNOY	
STREET ADDRESS	6049 S.W. 38TH TRAIL	
CITY-ST-ZIP	JASPER FLORIDA 32052	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 19.07(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:

AVI PORTNOY, MANAGER MEMBER

4-15-02

386-9382466

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

Date

Daytime Phone #

CR2E083 (9/01)