

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90340 029 ***150.00

0239306 AV

DOCUMENT # L29814

1. Entity Name
LEO ENTERPRISES INTERNATIONAL INC.



Principal Place of Business
4000 COLLINS AVE
#306
MIAMI BEACH FL 33140
US

Mailing Address
1413 20 ST
TH 120
MIAMI FL 33139
US



2. Principal Place of Business
4000 COLLINS AVE

3. Mailing Address
4045 SHERIDAN AVE

Suite, Apt. #, etc.
CU9

Suite, Apt. #, etc.
Ste 384

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI BEACH FL

City & State
MIAMI BEACH, FL

4. FEI Number
65-0156469

Applied For
☐ Not Applicable

Zip
33140

Country
DADE

Zip
33140

Country
DADE

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

6. Name and Address of Current Registered Agent

JOSEPH GRANOT
5785 PINE TREE DR
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name
JOSEPH GRANOT
Street Address (P.O. Box Number is Not Acceptable)
4000 COLLINS AVE
CU9
City
MIAMI BEACH **FL** Zip Code
33140

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)

DATE

4/17/03

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**

11. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
GRANOT, JOSEPH
5785 PINE TREE DR
MIAMI BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
GRANOT, JOSEPH
4000 COLLINS AVE
CU9
MIAMI BEACH, FL 33140 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03 305-538-6853

Date

Daytime Phone #

CP2E034 (10/02)