

5/21/01-90374-

FILED
Sep 10, 2001 8:00 am
Secretary of State

05-21-2001 90374 024 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M55435**

1. Entity Name

LEDES INTERIORS INC

Principal Place of Business

Mailing Address

PO Box 523287
Miami 33152

3. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

105-0022815

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Mailing Address of Current Registered Agent

7. Name and Address of New Registered Agent

S. HERNANDEZ
11241 NW 62 TER
MIAMI 33178

Name **S. HERNANDEZ**
 Street Address (P.O. Box Number is Not Acceptable) **11241 NW 62 TER**
 City **MIAMI** FL Zip **33178**

8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
Director	Desiderio Hernandez	PO Box 523287	Miami FL 33152	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 accompanying enclosure with all other like empowerments.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Designation

(305) 491-7392

11241 NW 62 TER
MIAMI FL 33178