

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90046 047 ****66.25

DOCUMENT # N99000005183

1. Entity Name

LIFE AND ECONOMIC IMPROVEMENT COUNCIL (LEIC), IN

Principal Place of Business

Mailing Address

1408 BRICKELL BAY DRIVE
 SUITE 1115
 MIAMI FL 33131

1408 BRICKELL BAY DRIVE
 SUITE 1115
 MIAMI FL 33131-3667

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

65-0946274

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 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

ALLIEGRO, ANSELMO
1145 S.W. 23RD AVENUE
MIAMI FL 33135

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 *ALLIEGRO...*
ANSELMO L. ALLIEGRO

5-4-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 10)

TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	MICHELL LUIS	
STREET ADDRESS	7642 W 34 LN #101	
CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	MIAMIA URA	
STREET ADDRESS	1819 NW 22 PL	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	ENRIQUE CARILLO	
STREET ADDRESS	112 NW 55 CT	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	MANOLO REYES	
STREET ADDRESS	5301 SW 7 ST	
CITY-ST-ZIP	MIAMI, FL 33134	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	GILBERT GONZALEZ	
STREET ADDRESS	9101 SW 19 ST	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Delete
NAME	ANSELMO L. ALLIEGRO	
STREET ADDRESS	1145 SW 23 AVE	
CITY-ST-ZIP	MIAMI, FL 33135	

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

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 617, 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:

ALLIEGRO...
ANSELMO L. ALLIEGRO **5-4-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)