

**2001 UNIFORM BUSINESS REPORT (UBR)**

1/23

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90087 008 \*\*\*\*66.25

**DOCUMENT # N99000005183**

1. Entity Name

**LIFE AND ECONOMIC IMPROVEMENT COUNCIL (LEIC), IN**



Principal Place of Business

1408 BRICKELL BAY DRIVE  
 SUITE 1115  
 MIAMI FL 33131

Mailing Address

1408 BRICKELL BAY DRIVE  
 SUITE 1115  
 MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

**1145 SW 23 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI, FL**

Zip

Country

Zip

Country

**33135**

**MIAMI-DADE**

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

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LUIS, MICHAEL</b>	
STREET ADDRESS	<b>7642 W. 34 LN. #101</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33018</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VARRA, MIAIAM</b>	
STREET ADDRESS	<b>1819 NW 22 PL.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33125</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARILLO, ENRIQUE</b>	
STREET ADDRESS	<b>112 NW '55' CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANSELMO ALLIEGRO</b>	
STREET ADDRESS	<b>1145 SW 23 AVE.</b>	<b>(Director)</b>
CITY-ST-ZIP	<b>MIAMI, FL 33135</b>	
TITLE	<b>MEMBER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ELENA NARANJO</b>	
STREET ADDRESS	<b>7811 SW 9 TR</b>	<b>(Director)</b>
CITY-ST-ZIP	<b>MIAMI, FL 33144</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARIA P. CORRAL</b>	
STREET ADDRESS	<b>2618 SAN DOMINGO</b>	<b>(Director)</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL 33134</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GUADALUPE BARROSO</b>	<b>(Director)</b>
STREET ADDRESS	<b>170 NW 27 CT</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33125</b>	
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		

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:

**ANSELMO ALLIEGRO**  
 2/5/2001  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**305.567.2001**  
 Date Daytime Phone #

CR2E037 (10/00)

Doc # N99000005183

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From: "Elena Naranjo" <elenaranjo@hotmail.com >  
To: anselmo@alliegro.com  
Subject: Directors  
Date sent: Fri, 02 Feb 2001 14:17:16 -0500

Here are the director's info:

:)

Elena Naranjo — *Treasurer*  
7811 SW 9 Terr  
Miami, FL 33144  
305-269-0620

Guadalupe Barroso — *Director*  
170 NW 27 Ct  
Miami, FL 33125  
305-643-1062

Maria P. Corral — *Secretary*  
2618 San Domingo  
Coral Gables, FL 33134  
305-445-3570

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