

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90147 032 \*\*\*158.75

**DOCUMENT # P00000000256**

1. Entity Name  
**LEAL ENTERPRISES, INC**

Principal Place of Business  
**382 NORTH ORLANDO AVE  
 COCOA BEACH FL 32931**

Mailing Address  
**382 NORTH ORLANDO AVE  
 COCOA BEACH FL 32931**



DO NOT WRITE IN THIS SPACE

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  
**65-0971071**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEAL, GERMAN  
 382 NORTH ORLANDO AVE  
 COCOA BEACH FL 32931**

Name  
~~CASTILLO, JESUS~~  
 Street Address (P.O. Box Number is Not Acceptable)  
**382 N ORLANDO AVE**  
 City **COCOA BEACH** **FL** Zip Code **32931**

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  **04-16-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LEAL, GERMAN 382 N ORLANDO AVE COCOA BEACH FL 32931</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS LEAL, GERMAN 382 N ORLANDO AVE COCOA BEACH FL 32931</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS CASTILLO, JESUS 382 N ORLANDO AVE COCOA BEACH FL 32931</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CASTILLO, JESUS 382 N ORLANDO AVE COCOA BEACH FL 32931</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M CASTILLO, JUAN CARLOS 382 N ORLANDO AVE COCOA BEACH FL 32931</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** **04-16-02** **(321) 784 1577**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)