

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90055 011 ***150.00

DOCUMENT # P00000004156

1. Entity Name
FLORINT LEANTE, INC.

Principal Place of Business

SUN PLAZA BLDG., #2, 3479 W. VINE ST.
KISSIMMEE FL 34741

Mailing Address

SUN PLAZA BLDG., #2, 3479 W. VINE ST.
KISSIMMEE FL 34741

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

59-3619658

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

MEIJER, JOOST
SUN PLAZA BLDG., #2, 3479 W. VINE ST.
KISSIMMEE FL 34741

Name

Joost De Meijer

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

Joost De Meijer
Joost De Meijer

1/10/01

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, 2001 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

TITLE	D / President	<input type="checkbox"/> Delete
NAME	MEIJER, JOOST	
STREET ADDRESS	2229 POLO CLUB DR., SUITE 304	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	Iris Langanke	<input type="checkbox"/> Delete
NAME	2314 Windsong Drive	
STREET ADDRESS	Kissimmee FL 34741	
CITY-ST-ZIP		
TITLE	Petrus Van Koningsbruggen	<input type="checkbox"/> Delete
NAME	1950 Willow Wood Drive	
STREET ADDRESS	Kissimmee FL 34746	
CITY-ST-ZIP		
TITLE	Dora Haarsma	<input type="checkbox"/> Delete
NAME	1950 Willow Wood Drive	
STREET ADDRESS	Kissimmee FL 34746	
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	Joost De Meijer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2314 Windsong Drive	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		

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:

Iris Langanke
Iris Langanke

1/10/01

407 870 5733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)