

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90119 038 \*\*\*150.00

**DOCUMENT # P00000008012**

1. Entity Name  
**THE TROUBLE ERASERS INC.**

Principal Place of Business

1420 SW 1CRT  
 2-C  
 MIAMI FL 33130

Mailing Address

1420 SW 1CRT  
 2-C  
 MIAMI FL 33130

2. Principal Place of Business

1420 SW 1CRT  
 Suite, Apt. #, etc.  
 6 A

3. Mailing Address

1420 SW 1CRT  
 Suite, Apt. #, etc.  
 6 A

City & State  
 MIAMI FL

City & State  
 MIAMI FL

4. FEI Number **65-0975941**

Applied For  
 Not Applicable

Zip Country  
 33130

Zip Country  
 33130

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SELIS, LEONARD**  
 1420 SW 1ST CRT  
 SUITE 2-C  
 MIAMI FL 33130

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 1420 SW 1ST CRT  
 SUITE 6 A  
 City MIAMI FL Zip Code 33130

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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**

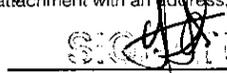
11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LELIS, LEONARDO</b>	
STREET ADDRESS	<b>1420 SW 1ST CRT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33130</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROQUE, LUIS F</b>	
STREET ADDRESS	<b>1250 BRICKELL BAY DR. SUITE 3</b>	
CITY-ST-ZIP	<b>MIAMI FL 33131</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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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:**  **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-02

Date

305-379-2421

Daytime Phone #

CR2E034 (9/01)