## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## May 07, 2001 8:00 am Secretary of State DOCUMENT # P0000029630 LENO REALTY, INC. 05-07-2001 90010 031 \*\*\*150.00 Principal Place of Business Mailing Address 2752 WEST ATLANTIC BOULEVARD 2752 WEST ATLANTIC BOULEVARD POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LENO, CHARLES H Street Address (P.O. Box Number is Not Acceptable) 300 SW 29TH TERRACE FORT LAUDERDALE FL 33312 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President TITLE ☐ Delete Change Addition NAME MAME CHARLES H. LENO STREET ADDRESS 300 Sw 29 terrace STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FORT LAUDERDALE, FL Secy TITLE ☐ Delete TITLE Change Addition CHARLES H. LENO 3005.W. 29 FERRACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Fort LANdenDALD, FC. 33312 TREASURET Delete TITLE TITLE NAME NAME CHARLES HILEND 300 s.w. 29 + evince STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -ORT LAUdoNARLEFL. 333/2 Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

954/917-280)