

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91158 003 ***158.75

DOCUMENT # P00000032514

1. Entity Name
LEOMARS, INC.

Principal Place of Business

**8965 SW 177TH TERR.
 MIAMI FL 33157 - 5823**

Mailing Address

**8965 SW 177TH TERR.
 MIAMI FL 33157 - 5823**

553745

2. Principal Place of Business

**8965 SW 177TH TERR.
 Suite, Apt. # etc.**

3. Mailing Address

**8965 SW 177TH TERR.
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0997286

Applied For

☐ Not Applicable

Zip

33157-5823

Country

MIAMI DADE

Zip

33157-5823

Country

MIAMI DADE

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

**WRAY, MAUREEN M
 8965 SW 177TH TERR.
 MIAMI FL 33157 - 5823**

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WRAY, MAUREEN M	
STREET ADDRESS	8965 SW 177TH TERR.	
CITY-ST-ZIP	MIAMI FL 33157 - 5823	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRAY, LEOPOLD S.G.	
STREET ADDRESS	8965 SW 177TH TERR.	
CITY-ST-ZIP	MIAMI FL 33157 - 5823	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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		
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CITY-ST-ZIP		
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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:

WRAY, LEOPOLD S.G. **05/21/01** **(305) 233-1764**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: A DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)