2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035947

1. Entity Name

DELEON, INC.

Principal Place of Business	Mailing Address
3064 N.E. 13TH AVENUE OAKLAND PARK FL 33334	3064 N.E. 13TH AVENUE OAKLAND PARK FL 33334

642249

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For ✓ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country	Zip / Country		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOOMAR, L. GREGORY 1152 NORTH UNIVERSITY DRIVE PEMBROKE PINES FL 33024	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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE **D** NAME **WIDDOSS, JOEL** STREET ADDRESS **3064 N.E. 13TH AVENUE** CITY-ST-ZIP **OAKLAND PARK FL 33334**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: *Joel Deleon Widdoss*   Joel Deleon Widdoss   4·11·01   954-815-6233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #