

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040996

1. Entity Name
POSADA, CABRERA, AND LEIVA INVESTMENTS, INC.

Principal Place of Business
589 ESPLANADE DR
MIAMI SPRINGS FL 33166

Mailing Address
589 ESPLANADE DR
MIAMI SPRINGS FL 33166

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 65-0991956

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

PESTANO, ANTONIO JR
7758 NW 44TH ST
SUNRISE FL 33351

Name OSCAR DURANZA

Street Address (P.O. Box Number is Not Acceptable)

10300 SUNSET DR. # 204

City

Miami

FL

Zip Code

33173

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME DP
STREET ADDRESS POSADA, RAFAEL
CITY-ST-ZIP 589 ESPLANADE DR
MIAMI SPRINGS FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME DV
STREET ADDRESS CABRERA, EVELIO
CITY-ST-ZIP 589 ESPLANADE DR
MIAMI SPRINGS FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-

Date

Daytime Phone #

FILED
Apr 17, 2002 8:00 am
Secretary of State

03-15-2002 90023 023 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)