

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90205 048 \*\*\*550.00

**DOCUMENT # P0000090512**

1. Entity Name  
**LENINA INC.**

Principal Place of Business <b>10315 44TH AVENUE WEST #7G          BRADENTON FL 34210          POLYNESIAN PARADISE</b>	Mailing Address <b>10315 44TH AVENUE WEST #7G          BRADENTON FL 34210          7020 CORTAZ RD. WEST          Bradenton, FL 34210</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>Polynesian Paradise          7020 Cortez Rd. West          Bradenton, FL 34210          Ph. (941) 761-4961</b>	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number <b>651050109</b>	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent <b>GELLER, STANLEY          10315 44TH AVENUE WEST #7G          BRADENTON FL 34210</b>	7. Name and Address of New Registered Agent Name <b>NORMAN L. HEARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>10315 44TH AVE W #7G</b> City <b>BRADENTON</b> FL Zip Code <b>34210</b>
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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 **NORMAN L. HEARD DIRECTOR Norman L Heard** 8/13/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>PRESIDENT NORMAN L. HEARD 10315 44TH AVE W #7G BRADENTON FL 34210</b>	

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: **Norman L Heard** 8/13/01 (941) 761-4961  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)