


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90182 014 ***150.00

DOCUMENT # <u>900000 101735</u>	
1. Entity Name <u>Leafar Investments Corporation</u>	

DO NOT WRITE IN THIS SPACE

10016087

2. Principal Place of Business <u>1325 SW 87th Ave</u>		3. Mailing Address <u>1325 SW 87th Ave</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI, FL</u>	City & State <u>MIAMI, FL</u>	4. FEI Number <u>65-1068386</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33174</u>	Country <u>MIAMI-DADE</u>	Zip <u>33174</u>	Country <u>MIAMI-DADE</u>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name <u>Joaquin A. Aleman</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>1325 SW 87th Ave</u>	
	City <u>MIAMI</u>	FL Zip Code <u>33174</u>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>LOAIZA, RAFAEL</u> <u>1325 SW 87th Ave</u> <u>MIAMI FL 33174</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>Del valle - Vargass, LUISA</u> <u>1325 SW 87th Ave</u> <u>MIAMI FL 33174</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other officers and directors.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/2003 (305) 267-2767

Date

Daytime Phone #

CR2E034B (12/02)