

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90006 001 ***150.00

DOCUMENT # P00000105460

1. Entity Name

LE TOTO, INC.

LA

Principal Place of Business

Mailing Address

**821 SKY PINE WAY
 APT C-2
 WEST PALM BEACH FL 33414**

**821 SKY PINE WAY
 APT C-2
 WEST PALM BEACH FL 33414**

C0071200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4410 W 16 Avenue Ste #2
 Suite, Apt. #, etc.

4410 W 16th Ave. Ste #2
 Suite, Apt. #, etc.

City & State

City & State

Hialeah Fl.

Hialeah, Florida

4. FEI Number

Applied For

65-1055070

Not Applicable

Zip

Country

Zip

Country

33012

USA

33012

USA

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

**DE CASO, FERNANDO
 821 SKY PINE WAY
 APT C-2
 WEST PALM BEACH FL 33414**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	DE CASO, FERNANDO O	821 SKY PINE WAY, APT C-2 WEST PALM BEACH FL 33414				
	D	BORREGO, ANDREA FABIANA	821 SKY PINE WAY, APT C-2 WEST PALM BEACH FL 33414				

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #