

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105460

1. Entity Name  
LE TOTON, INC.Principal Place of Business  
4410 W. 16 AVENUE STE #2  
HIALEAH FL 33012Mailing Address  
4410 W. 16 AVENUE STE #2  
HIALEAH FL 33012

2. Principal Place of Business

1720 Cleveland St.  
Suite, Apt. #, etc.  
102W  
City & State  
Hollywood, Fl.  
Zip 33020

3. Mailing Address

1720 Cleveland St.  
Suite, Apt. #, etc.  
102W  
City & State  
Hollywood, Fl.  
Zip 33020FILED  
Apr 16, 2002 8:00 am  
Secretary of State

04-16-2002 90028 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1055070  
Applied For  
Not Applicable5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE CASO, FERNANDO O		NAME	
STREET ADDRESS	821 SKY PINE WAY, APT C-2		STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33414		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORREGO, ANDREA FABIANA		NAME	
STREET ADDRESS	821 SKY PINE WAY, APT C-2		STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33414		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-04-02 (954) 921-7694

Date

Daytime Phone #

CR2E034 (9/01)