

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90053 018 ***150.00

DOCUMENT # P01000014708

1. Entity Name
LENORA UNLIMITED, INC.

Principal Place of Business
602 GARDENS DRIVE STE 103
POMPANO BEACH FL 33069

Mailing Address
602 GARDENS DRIVE STE 103
POMPANO BEACH FL 33069



2. Principal Place of Business

1717 SW 1st way
 Suite, Apt. #, etc.
Bay # 24

City & State
DEERFIELD Bch, FL

Zip
33441

Country
Broward

3. Mailing Address

602 GARDENS DR.
 Suite, Apt. #, etc.
Ste 103

City & State
Pompano Bch, FL

Zip
33069

Country
Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1075944

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, LEONOR
602 GARDENS DRIVE STE 103
POMPANO BEACH FL 33069

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 _____ (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

TITLE **DP** ☐ Delete
 NAME **HERNANDEZ, LEONOR**
 STREET ADDRESS **602 GARDENS DRIVE STE 103**
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **DV** ☐ Delete
 NAME **HERNANDEZ, ELIECER**
 STREET ADDRESS **602 Gardens Dr. Ste 103**
 CITY-ST-ZIP **Pompano Bch, FL 33069**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **DV** ☐ Change ☒ Addition
 NAME **Hernandez, Eliecer**
 STREET ADDRESS **602 Gardens Dr. Ste 103**
 CITY-ST-ZIP **Pompano Bch, FL 33069**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-11/02 (954) 629-3291
 Date Daytime Phone #

CP2E034 (9/01)