

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000020979**

1. Entity Name

**P & L GLOBAL, INC.**

FILED

02 NOV -8 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1900 S.W. 137th way**

Suite, Apt. #, etc.

3. Mailing Address

**1900 S.W. 137th way**

Suite, Apt. #, etc.

City & State

**Miramar FL**

City & State

**Miramar FL**

4. FEI Number

**65-1085627**

Applied For

Not Applicable

Zip

**33027**

Country

**U.S.**

Zip

**33027**

Country

**U.S.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Phil LEONARD**

Street Address (P.O. Box Number is Not Acceptable)

**1900 S.W. 137th way**

City

**Miramar**

**FL**

Zip Code

**33027**

**DO NOT WRITE  
IN THIS SPACE**

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) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**President  
Phil Leonard  
1900 S.W. 137th way  
Miramar, FL 33027**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**000008889820  
11/08/02--01072--003 \*\*150.00**

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Phil Leonard 11/04/02 954-444-2215**

Date

Daytime Phone #

CR2E034B (12/01)

*11/15/02*

11/04/02

To whom it may concern;

I did not receive my uniform business report. Please accept my report with my fee of \$150<sup>00</sup>. Feel free to contact at (954) 444-2215 if you have any questions regarding this matter. Thank you for your advanced cooperation,

Paul J. J. President  
P & L Global, INC.