

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90245 019 ***150.00

DOCUMENT # P01000028058

1. Entity Name

LEDBER'S CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15530 SW 80 St.

Suite, Apt. #, etc.
210

3. Mailing Address

15530 SW 80 St.

Suite, Apt. #, etc.
210

City & State
Miami- Florida

City & State
Miami, Florida

4. FEI Number

65-1083614

Applied For

☐ Not Applicable

Zip
33193

Country
Miami-Dade

Zip
33193

Country
Miami-Dade

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Andres Berthe

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

15530 SW 80 St. #210

City

Miami

FL

Zip Code
33193

**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

DPST

Andres Berthe

#210

15530 SW 80 St.
Miami, Fl. 33193

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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**DO NOT WRITE
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 supplement to 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, who is duly like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 (305) 742-4160

Date

Daytime Phone #

CR2E034B (12/01)