

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000035635

1. Entity Name

LESA'S PROPERTY APPRAISERS INC

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-28-2002 91720 006 ***150.00

Principal Place of Business

C/O LESA GONZALEZ
903 SW 78TH AVE
FT LAUDERDALE FL 33068

Mailing Address

C/O LESA GONZALEZ
903 SW 78TH AVE
FT LAUDERDALE FL 33068

2. Principal Place of Business

C/O LESA GONZALEZ
Suite, Apt. #, etc.
8404 Coral Lake Way #12

3. Mailing Address

C/O LESA GONZALEZ
Suite, Apt. #, etc.
8404 Coral Lake Way #12

City & State
Coral Springs FL

City & State
Coral Springs FL

Zip
33065

Country
USA

Zip
33065

Country
USA

4. FEI Number

65-1090865

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDGE, JOSEPH
C/O THE TAX SHOPPE
932 SW BAYSHORE BLVD
PORT ST LUCIE FL 34983

7. Name and Address of New Registered Agent

Name LESA GONZALEZ
Street Address (P.O. Box Number is Not Acceptable)
8404 Coral Lake Way
Bld. 12
City Coral Springs FL Zip Code 33065

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

Les Gonzalez

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/02

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 President
NAME LESA GONZALEZ
STREET ADDRESS 8404 Coral Lake Way, Bld. 12
CITY-ST-ZIP Coral Springs FL 33065

☐ Delete

TITLE Vice President
NAME Salvador Gonzalez
STREET ADDRESS 8404 Coral Lake Way, Bld. 12
CITY-ST-ZIP Coral Springs FL 33065

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Les Gonzalez

4/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)