

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90213 020 \*\*\*150.00

DOCUMENT # P01000049612

1. Entity Name

LEP INTERNATIONAL BUSINESS, CORP.

Principal Place of Business

9900 STIRLING ROAD SUITE 240  
COOPER CITY FL 33024

Mailing Address

9900 STIRLING ROAD SUITE 240  
COOPER CITY FL 33024

2. Principal Place of Business

9900 Stirling Road

Suite, Apt. #, etc.

Suite 211

3. Mailing Address

9900 Stirling Road

Suite, Apt. #, etc.

Suite 211

City &amp; State

Cooper City - FL

City &amp; State

Cooper City - FL

Zip

33024

Country

USA

Zip

33024

Country

USA

4. FEI Number

65-1104150

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SILVA, FERNANDO

9900 STIRLING ROAD SUITE 240  
COOPER CITY FL 33024

Name

Fernando Silva

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

9900 Stirling Rd Suite 211

City

Cooper City

FL

Zip Code

33024

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 State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PANTIN, LUISA E	
STREET ADDRESS	9084 NW 6TH COURT	
CITY-ST-ZIP	PLANTATION FL 33324	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/29/02 (954) 3646283

CR2E034 (9/01)