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FILED
Jul 04, 2002 8:00 am
Secretary of State
05-24-2002 91334 020 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000059957

1. Entity Name
LEOMBRUNO CORP.

DO NOT WRITE IN THIS SPACE

37597

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2. Principal Place of Business		3. Mailing Address	
1372 CROSSBILL CT.		1372 CROSSBILL CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: WESTON FL		City & State: WESTON FL	
Zip: 33327	Country: U.S	Zip: 33327	Country: U.S

4. FEI Number: 651133589 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: ALBERTO LEOMBRUNO
Street Address (P.O. Box Number is Not Acceptable): 1372 CROSSBILL COURT
City: WESTON FL Zip Code: 33327

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]
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	Pres.	TITLE	
NAME	ALBERTO LEOMBRUNO	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	1372 CROSSBILL CT WESTON FL 33327	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #