

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91514 024 ***150.00

DOCUMENT # **P01000069625 ✓**
1. Entity Name
LEON MGT., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7960 N. Colony Cir.		3. Mailing Address 7960 N. Colony Cir.	
Suite, Apt. #, etc. 207		Suite, Apt. #, etc. 207	
City & State TAMARAC, FL		City & State TAMARAC, FL	
Zip 33321	Country BROWARD	Zip 33321	Country BROWARD

DO NOT WRITE IN THIS SPACE

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4. FEI Number 65-1130541	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name DAVID LEVY	
Street Address (P.O. Box Number is Not Acceptable)	
7960 N. Colony Cir. #207	
City TAMARAC	FL Zip Code 33321

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, TR, D DAVID LEVY 7960 N. COLONY CIR. #207 TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: **DAVID LEVY** *David Levy as President* 4/19/02 954-720-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)