

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90141 021 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80120779

DOCUMENT # P0100082721 1. Entity Name LEBOM INTERNATIONAL COMPANY			
Principal Place of Business 6220 S. ORANGE BLOSSOM TRAIL, SUITE 603 ORLANDO, FL 32809		Mailing Address 6220 S. ORANGE BLOSSOM TRAIL, SUITE 603 ORLANDO, FL 32809	
2. Principal Place of Business 5143 TERRA VISTA WAY		3. Mailing Address 5143 TERRA VISTA WAY	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State ORLANDO FL		City & State ORLANDO FL	
Zip 32837		Zip 32837	
Country 		Country 	
4. Name and Address of Current Registered Agent ALEXANDER, NATALIA R 5143 TERRA VISTA WAY ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when replacing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALEXANDER, NATALIA 5143 TERRA VISTA WAY ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ALEXANDER, NATALIA 5143 TERRA VISTA WAY ORLANDO FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RODRIGUES, FREDERICO M 5143 TERRA VISTA WAY ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RODRIGUES, FREDERICO M 5143 TERRA VISTA WAY ORLANDO FL 32837
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12. 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 10 or Block 11 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		05/19/03 (407)854-0640 Class Daytime Phone #	

CR2E034 (10/02)