

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

DOCUMENT # P01000100685

1. Entity Name
LEON AND DUNAS, INC.



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90425 027 ***158.75

0389326
AV

Principal Place of Business
5394 SW 119TH AVENUE
COOPER CITY FL 33330

Mailing Address
5394 SW 119TH AVENUE
COOPER CITY FL 33330

2. Principal Place of Business
18815 SW 29th St.
Suite, Apt. #, etc.

3. Mailing Address
18815 SW 29th St.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miramar, FL.
Zip
33029
Country
U.S.A.

City & State
Miramar, FL.
Zip
33029
Country
U.S.A.

4. FEI Number 80-0023978

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIEDRA, ORLANDO C
5394 SW 119TH AVENUE
COOPER CITY FL 33330

7. Name and Address of New Registered Agent

Name
Paul Leon
Street Address (P.O. Box Number is Not Acceptable)
18815 SW 29th St.
City
Miramar
FL
Zip Code
33029

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
OCHOA, MARIA J
2041 RENAISSANCE BLVD. #305
MIRAMAR FL 33025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
LEON, CAROLINA M
2041 RENAISSANCE BLVD. #305
MIRAMAR FL 33025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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]*

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)