## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) DOCUMENT #

SIGNATURE:



FILED Mar 17, 2003 8:00 am Secretary of State

3/10/03 Bas 710-5769

DOCUMENT # P01000113981  1. Entity Name SUARES & LEON ENTERPRISES, INC.						Secretary of State 03-17-2003 90481 024 ***150.00		
Principal Pla 14350 WEST NORTH MIAI		Mailing Addres 14350 WEST DI NORTH MIAMI F	KIE HWY					
2. Principal	Place of Business	3. Mailing Addre						
Suite, Ap	at # etc		ox 61066	7				
		Suite, Apt. #, o	etc.		☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City & State Miami.	FL		4. FEI Number NOT APPLIC	ADIF -	Applied For	
Zip	Country	Zip	Coun	,	5. Certificate of Status Desired	<u></u> \$8.75 △	Not Applicable	Đ
<del></del>	6. Name and Address of	33181 Current Registered Agent	US	A		Fee Requi		
	V. Maine and Address of	Current Registered Agent		Name	7. Name and Address of New Ro	egistered Agent		]
LEON, HERIBERTO				Danessa Flores				
14350 WEST DIXIE HWY			1	Street Address (P.O. Box Number is Not Acceptable) 14350 W. Dixie HWY				
NORTH N	MAMI FL 33181				O N. PINIO III			$\dashv$
		_		City	<u> </u>	7in Ca		4
8. The above	e named entity subsite this state	agast for the murrage of the		Miam	i	FL Zig 3	<u> 161</u>	
SIĞNATURE		ered agent and title if applicable.		Agent signature required	ed agent, or both, in the State of Flor	3/10/0	n, and accept	
Afte Make Chec	FILE NOW!!!! #EE IS \$1\$0 or May 1, 2003 Fee will by s k Payable to Florida Depart	550.00 ment of State			Election Campaign Fina     Trust Fund Contribution	- , +	00 May Be ed to Fees	
10.	PD	RS AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	3S IN 11	7
NAME STREET ADDRESS CITY-ST-ZIP	SUARES, RENE 14350 WEST DIXIE HWY NORTH MIAMI FL 33181	X Det	NAME STREE	TADDRESS 143	rector nessa Flores 350 W. Dixie HWY	☐ Change	Addition	CR2E034 (10/02)
TITLE	VSTD	W n		ST-ZIP Mia	ami, FL 33161			Ä
NAME STREET ADDRESS CITY-ST-ZIP	LEON, HERIBERTO 14350 WEST DIXIE HWY NORTH MIAMI FL 33181	<b>⊠</b> Deli	NAME	T ADDRESS ST-ZIP		☐ Change	☐ Addition	CRS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~	Dek	NAME	ADDRESS ST-71P		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dele	te Title NAME STREET	ADDRESS		☐ Change	☐ Addition	
NTLE		□ Dele	CITY-S te TITLE	T-ZIP		☐ Change	☐ Addition	1
NAME STREET ADDRESS STY-ST-ZIP			NAME STREET CITY-S'	ADDRESS T-ZIP		onunge	Additivit	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Defet	NAME STREET	ADDRESS		☐ Change	☐ Addition	
2. I hereby co	ertify that the information supplied that the information supplied the receiver or ruster or on an attachment with the	ed with this filing does not que sport if the and securate and e empowered to execute this	alify for the exemp that my signatur report as required	otion stated in Secti	ion 119.07(3)(i), Florida Statutes, I fu me legal effect as if made under oat lorida Statutes; and that my name a	rther certify that the in that I am an officer opears in Block 10 or	nformation or director Block 11 if	