2002 Uniform Business Report (UBR)

Apr 10, 2002 8:00 am DOCUMENT # P01000114130 **Secretary of State** 1. Entity Name W.H. LEBAN, INC. 04-10-2002 90445 013 ***150.00 Principal Place of Business Mailing Address 1451 SW 85 AVE 1451 SW 85 AVE B0063337 PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 75 B. - - - 7 2 - -LEBAN LABAN, WILLIAM H Street Address (P.O. Box Number is Not Acceptable) 1451 SW 85 AVE PEMBROKE PINES FL 33025 City Zip Code 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 nted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Delete TITLE Addition TITLE PRESIDENT AND TRASURER NAME NAME WILLIAM HLEBAN STREET ADDRESS STREET ADDRESS PEMBROKE PINES, FL 33025 CITY-ST-ZIP CITY-ST-ZIP Addition VICE PRESIDENT AND SECRETARY TITLE TITLE NAME NAME REBECCA M. LEBAN STREET ADDRESS STREET ADDRESS 1451 SWBS AVE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINESIFC 33025 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.