

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2 000002980**

1. Entity Name

LEALL TILE & REMODELING, CORP



DO NOT WRITE IN THIS SPACE

900025526039
12/16/03--01034--021 **300.00

REINSTATEMENT 2003

2. Principal Place of Business

2923 S SEMORA BLVD

3. Mailing Address

Suite, Apt. #, etc.

#255

Suite, Apt. #, etc.

City & State

ORLANDO

City & State

Zip

32822

ORANGE

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LEALL, EDUARDO BARBOSA

Street Address (P.O. Box Number is Not Acceptable)

2923 S SEMORA #255

City

ORLANDO

FL

Zip Code
32822

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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.
LEALL, EDUARDO BARBOSA
2923 S SEMORA BLVD #255
ORLANDO, FL 32822**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V.P.
LOPES, AWARD LUIZ
5924 FOLKSTONE LN
ORLANDO, FL 32822**

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **LEALL TILE & REMODELING, CORP**
Thank you for your courtesy in this matter.



EDVALDO BARBOSA LEALL
PRESIDENT