

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90232 042 ***150.00

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DOCUMENT # P02000028880

1. Entity Name
LEITE ENTERPRISES, INC.



Principal Place of Business
**2918 VASSALLO AVE
LAKE WORTH FL 33461**

Mailing Address
**2918 VASSALLO AVE
LAKE WORTH FL 33461**



2. Principal Place of Business
242 CHARTER WAY

3. Mailing Address
242 CHARTER WAY

Suite, Apt. #, etc.
5

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
WEST PALM BEACH, FL.

City & State
WEST PALM BEACH, FL.

4. FEI Number
02-0562608

Applied For
☐ Not Applicable

Zip
33407

Country
PALM BEACH

Zip
33407

Country
PALM BEACH

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEITE, PATRICK A.
2918 VASSALLO AVE
LAKE WORTH FL 33461**

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LEITE, PATRICK A**
STREET ADDRESS **2918 VASSALLO AVE**
CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE ☒ Change ☐ Addition
NAME **242 CHARTER WAY**
STREET ADDRESS **WEST PALM BEACH, FL.**
CITY-ST-ZIP **33407**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: _____

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03
Date

Daytime Phone #

CR2E034 (10/02)