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

## P02000108910 **DOCUMENT #**



## **FILED** Mar 31, 2003 8:00 am & Secretary of State

1. Entity Nar LECLA II	ne NVESTMENTS, INC.				03-31-2003 90217 0	01 ***15	0.00		
Principal Place of Business 2130 SUNTRUST INTERNATIONAL CENTER ONE SOUTHEAST THIRD AVENUE MIAMI FL 33131  Mailing Address 2130 SUNTRUST INTERNAT ONE SOUTHEAST THIRD AVENUE MIAMI FL 33131									
2. Principal Place of Business 3. Mailing Address 19333 Collins Av. 19333 Collins			ins AVI	45	) 1981/1981 (EF) <b>30</b> /119 (EB)) 88/11 88/11 (80/14) EF		F 11011 4011 1001		
Suite, Apt. #, etc. Apr. 2306 Suite, Apt. #, etc. Apr. 2306					☐ CHECK HERE IF MAKING	CHANGES			
City & Sta <b>ジ</b> リハ	te /	City & State	k-Flor	Ida 4.	FEI Number 55-080 1663		oplied For	]	
Zip <b>33/6</b>	Country	<sup>Zip</sup> 33160	Country			\$8.75 Add	ditional		
	6. Name and Address of Current F	legistered Agent		7.	Name and Address of New Registered	Agent		1	
COPROL	عرصعهم والمراجع والم	Name	LEONARDO DEI ONER						
2130 SU	NTRUST INTERNATIONAL CENTER		Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
ONE SO	utheast third avenue		10	19333 Collins AVE Apr. 2306					
MIAMI FL									
		50	City SUNNY IS/ES FL Zip Code 33/60						
8. The above the obligates SIGNATURE	e named entity submits this statement for tions of registered agent.  Signature, typed or printed name of registerer agent are	old -	registered office or r	egistered ag	gent, or both, in the State of Florida. I am i	amiliar with,	and accept 3/2003	•	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State					9. Election Campaign Financing Trust Fund Contribution.	Added	May Be I to Fees		
10.	OFFICERS AND D		11.		DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	]_	
TITLE	P/D	☐ Delete	TITLE	DIRE	CTOR SEIDNER	Change	☐ Addition	8	
NAME SEIDNER, LEONARDO STREET ADDRESS ONE SOUTHEAST THIRD AVENUE, SUITE 2130			NAME .		3 Collins AVE. A	07.23	06	(10/02	
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33131	E, SUITE 2130	STREET ADDRESS CITY-ST-ZIP	50DD	Y ISIES , FLA. 3	3/60		F034	
TITLE		☐ Detete	TITLE	DIRE	SCTOR	☐ Change	☐ Addition	CR2	
NAME			NAME	CIAR	A PASTERIYAC			0	
STREET ADDRESS				19335	3 COLLINS AVE. AN	17 23l	06		
CITY-ST-ZIP			CITY-ST-ZIP	SUNI	oy ISIES, FLA	. 3 <u>3/</u> €	50		
TITLE		☐ Delete	TITLE		•	☐ Change	☐ Addition		
NAME STREET ADDRESS			NAME				ļ		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	- سري :	يد ميدان د از ايان داري داريد داريستان يد.	<del>,</del>			
TITLE	- many transfer makes again		<del>                                     </del>						
NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition		
STREET ADDRESS			STREET ADDRESS						

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

☐ Delete

☐ Delete

Change

Change

■ Addition

Addition