

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90178 030 ***150.00

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

DOCUMENT # **P02000120602**

1. Entity Name

L/H/K Enterprises, Inc.



DO NOT WRITE IN THIS SPACE

90088721

2. Principal Place of Business

555 SE 6th Avenue

Suite, Apt. #, etc.

2F

3. Mailing Address

555 SE 6th Avenue

Suite, Apt. #, etc.

2F

DO NOT WRITE IN THIS SPACE

City & State

Delray Beach, FL

City & State

Delray Beach, FL

4. FEI Number

04-3722479

Applied For

Not Applicable

Zip **33483**

Country **U.S.A.**

Zip **33483**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Leslie Leon-Kennedy**

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

555 SE 6th Avenue - Suite 2

City **Delray Beach**

FL

Zip Code

33483

**DO NOT WRITE
IN THIS SPACE**

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

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 **President**
NAME **Leslie Leon-Kennedy**
STREET ADDRESS **555 SE 6th Ave - Suite 2F**
CITY-ST-ZIP **Delray Beach, FL 33483**

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)