

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90154 014 \*\*\*150.00

**DOCUMENT # P02000128645**

1. Entity Name

**LEO LLANOS, P.E. CONSULTING STRUCTURAL ENGINEER,  
INC.**



Principal Place of Business

**8044 SW 186 STREET  
MIAMI FL 33157**

Mailing Address

**8044 SW 186 STREET  
MIAMI FL 33157**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**x 02 - 0666 324**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LLANOS, LEO  
8044 SW 186 STREET  
MIAMI FL 33157**

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/D  
LLANOS, LEO  
8044 SW 186 STREET  
MIAMI FL 33157** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP/D  
LLANOS, CARMEN  
8044 SW 186 STREET  
MIAMI FL 33157** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/30/03**

CR2E034 (4/03)

Attachment 80135987

TO: FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

JULY 28, 2003

REF: 2003 UNIFORM BUSINESS REPORT

FROM: LEO LLANOS, P.E., CONSULTING STRUCTURAL ENGINEER,  
INC.

DOC# P02000128645

TO WHOM THIS MAY CONCERN,

PLEASE BE ADVISED THAT I HAVE JUST RECEIVED THE 2003 UNIFORM BUSINESS REPORT. ACCORDING TO THE NOTICE THE FEES ARE \$ 550.00 IF PAID PRIOR TO SEPTEMBER 10, 2003. PLEASE ABATE AND WAIVE THE LATE FEE. THIS IS THE FIRST NOTICE I HAVE RECEIVED, PLEASE BE ASSURED THAT IF I HAD RECEIVED A PRIOR NOTICE THE FEE WOULD HAVE BEEN BE PAID THEN . I WOULD NEVER LET THIS BE LATE. PLEASE ACCEPT MY APOLOGIES AND MY CHECK IN THE AMOUNT OF \$ 150.00. I CAN ASSURE YOU IF I WOULD HAVE RECEIVED THE 2003 UNIFORM BUSINESS REPORT IN ANY PRIOR MAILINGS IT WOULD HAVE BEEN PAID.

THANK YOU FOR YOUR COOPERATION AND UNDERSTANDING IN THIS MATTER.

YOURS TRULY,



LEO LLANOS