

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Mar 10, 2003 8:00 am  
Secretary of State

03-10-2003 90186 008 \*\*\*150.00

DOCUMENT # **PD2000133313**  
1. Entity Name  
**LEROAL INTERNATIONAL PROPERTY HOLDINGS, INC.**

DO NOT WRITE IN THIS SPACE

80051443

2. Principal Place of Business <b>301 ALMERIA AVENUE</b> Suite, Apt. #, etc. <b>3</b> City & State <b>CORAL GABLES/FL</b> Zip <b>33134</b> Country <b>USA</b>	3. Mailing Address <b>301 ALMERIA AVENUE</b> Suite, Apt. #, etc. <b>3</b> City & State <b>CORAL GABLES/ FL</b> Zip <b>33134</b> Country <b>USA</b>
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<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
	7. Name and Address of Current Registered Agent Name <b>DOMINGO ALONSO</b> Street Address (P.O. Box Number is Not Acceptable) <b>301 ALMERIA AVENUE</b> <b>3</b> City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33134</b>

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 NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> <b>LEOPOLDO GOMEZ</b> <b>888 BRICKELL KEY DR. #1900</b> <b>MIAMI, FL 33131</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: **X**

**LEOPOLDO GOMEZ**

**03/07/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #