

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000044884

1. Entity Name

LEYVA UNLIMITED, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90053 015 ***150.00

Principal Place of Business

821 NW LEJEUNE RD.
MIAMI FL 33126

Mailing Address

821 NW LEJEUNE RD.
MIAMI FL 33126

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

10355 SW 8 Ten

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33124

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0421630

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEYVA, RAUL
821 NW LEJEUNE RD.
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

LEYVA RAUL SR

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

10355 SW 8 Ten

City

MIAMI

FL

Zip Code

33124

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.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME LEYVA, RAUL JR.
STREET ADDRESS 11520 SW 179 TERRACE
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE VPS
NAME LEYVA, RAUL
STREET ADDRESS 10355 SW 8TH TERRACE
CITY-ST-ZIP MIAMI FL 33174 ☐ Delete

TITLE T
NAME LEYVA, MIRTA
STREET ADDRESS 10355 SW 8TH TERRACE
CITY-ST-ZIP MIAMI FL 33174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-00 6425825