

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90014 012 ***150.00

DOCUMENT # P93000060548

1. Entity Name
LEON HOLDINGS, INC.

f

Principal Place of Business
 11901 SW 64TH ST
 MIAMI FL 33183

Mailing Address
 11901 SW 64TH ST
 MIAMI FL 33183

2. Principal Place of Business
3601 S.W. 129 AVE.

3. Mailing Address
3601 S.W. 129 AVE.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-0472721**
 Applied For
 Not Applicable

Zip Country
33175 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
EISEMAN, STUART
35 -27-SW 27 AVENUE
 MIAMI FL 33135

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEON, BENJAMIN JR 11901 SW 64TH ST MIAMI FL 33183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>3601 S.W. 129 AVE.</i> <i>MIAMI, FL 33175</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** *7/17/00* *305/644-2130*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
Off P93000060548
00074639



LEON Medical Centers
Incorporated

101 SW 27th AVENUE
MIAMI, FLORIDA 33135
(305) 642-LEON (5366) *telephone*
(305) 642-7378 *facsimile*

July 20, 2000

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Leon Holdings, Inc.
Document No. P93000060548

Dear Sir or Madam:

This letter will serve as statement that Leon Holdings, Inc. had not previously received notice of filing due for the 2000 Uniform Business Report. It seems that the first notice was mailed to an incorrect address. Please note address change.

Enclosed please find completed filing form together with check No. 1778 in the amount of \$150.00. If you have any questions or need additional information, please do not hesitate to contact the undersigned.

Sincerely,

A handwritten signature in black ink, which appears to read "Maria Cristina Eljaiek". The signature is written in a cursive, flowing style.

Maria Cristina Eljaiek
Administrative Assistant to
Benjamin Leon, Jr.

Enclosure