

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90172 019 ***150.00

0244674 AV

DOCUMENT # P94000035599

1. Entity Name
THE LEY'S CORPORATION



Principal Place of Business
**1666 KENNEDY CSWY
SUITE 102
N BAY VILLAGE FL 33141
US**

Mailing Address
**8305 CRESPI BLVD
5B
MAIMI BEACH FL 33141
US**



2. Principal Place of Business
8305 CRESPI BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5B

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

MIAMI BEACH, FL.

4. FEI Number **65-0491507**

Applied For

Not Applicable

Zip

Country

Zip

Country

33141

US

5. Certificate of Status Desired- ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEY, FLOR DE MARIA
8305 CRESPI BLVD 5B
MIAMI BCH FL 33141**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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 **P** ☐ Delete
NAME **LEY, MANUEL R**
STREET ADDRESS **8305 CRESPI BLVD 5B**
CITY-ST-ZIP **MIAMI BCH FL**

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

TITLE **V** ☐ Delete
NAME **LEY, FLOR DE MARIA**
STREET ADDRESS **8305 CRESPI BLVD 5B**
CITY-ST-ZIP **MIAMI BEACH FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 life empowered.

SIGNATURE:

SIGNATURE FLOR DE MARIA Ley

4-23-03

(305) 868 8869

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)