

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P94000035599**

1. Entity Name
THE LEY'S CORPORATION



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

04-28-2003 90172 019 ***150.00

42574CU
AV

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.
5B

City & State
MIAMI BEACH, FL.

Zip
33141

Country
US

Zip

Country

4. FEI Number
65-0491507

<input type="checkbox"/> Applied For
<input type="checkbox"/> Not Applicable

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

6. Name and Address of Current Registered Agent

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

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. 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 NAME STREET ADDRESS CITY-ST-ZIP	P LEY, MANUEL R 8305 CRESPI BLVD 5B MIAMI BCH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEY, FLOR DE MARIA 8305 CRESPI BLVD 5B MIAMI BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 names 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)