2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT P94000037464 (2)

Entity Name: Leon Bodyshop & Glass, Inc.

FILED
May 10, 2000 8:00 am
Secretary of State
05-10-2000 90140 043 ***150.00

Principal Place of Business: 1081 E. 47th St. Hialeah, Fl. 33013

Mailing Address: 1081 E. 47th St. Hialeah, Fl. 33013

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt #, etc

City & State

Zip | Country

3. Mailing Address

Suite, Apt #, etc

City & State

Zip | Country

4. FEI Number: 65-0491168 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Leon, Mario M.
1081 E. 47th St.
Hialeah, Fl. 33013

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 _______________ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	☐ Delete
NAME	Leon, Mario M.	
STREET ADDRESS	3761 E. 9th Lane	
CITY-ST-ZIP	Hialeah, Fl. 33013	
TITLE	VD	☐ Delete
NAME	Leon, Mercedes	
STREET ADDRESS	3761 E. 9th Lane	
CITY-ST-ZIP	Hialeah, Fl. 33013	
TITLE	SD	☐ Delete
NAME	Leon, Mario	
STREET ADDRESS	3761 E. 9th Lane	
CITY-ST-ZIP	Hialeah, Fl. 33013	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Mercedes Leon (signature) Mercedes Leon 305-681-0676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Title | Daytime Phone #