

2001 UNIFORM BUSINESS REPORT (UBR)

5/1/01

FILED
May 25, 2001 8:00 am
Secretary of State

05-01-2001 90088 025 ***150.00

DOCUMENT # P95000033642

1. Entity Name
LEREP, INC.

Principal Place of Business

**1 S.E. 3RD AVE STE 935
 MIAMI FL 33131**

Mailing Address

**1 S.E. 3RD AVE STE 935
 MIAMI FL 33131**

2. Principal Place of Business

1 S.E. 3RD AVE.

Suite, Apt. #, etc.

950

3. Mailing Address

1 S.E. 3RD AVE.

Suite, Apt. #, etc.

950

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33131

Country

Zip

33131

Country

4. FEI Number

65-0762364

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROZENWAG, LESLIE A ESQ
 1 S.E. 3RD AVE STE 960
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

CARLOS LIMA

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

1 S.E. 3RD AVE, STE. 950

City

MIAMI

FL

Zip Code

33131

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

(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 \$150.00
After MAY 1, 2001 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	PSTD	<input type="checkbox"/> Delete
NAME	LIMA, CARLOS	
STREET ADDRESS	1 S.E. 3RD AVE STE 950	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for an 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Lima

4/25/01

Date

(305) 221-7377

Daytime Phone #

CR2E034 (10/00)