

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90386 048 ***150.00

0221184 AV

DOCUMENT # P95000033642

1. Entity Name
LEREP, INC.



Principal Place of Business
**1 S.E. 3RD AVE STE. 950
MIAMI FL 33131**

Mailing Address
**1 S.E. 3RD AVE STE. 950
MIAMI FL 33131**

2. Principal Place of Business
1 SE 3rd Ave.
Suite, Apt. #, etc.
1445

3. Mailing Address
1 SE 3rd Ave.
Suite, Apt. #, etc.
1445

City & State
Miami, FL
Zip
33131 Country

City & State
Miami, FL
Zip
33131 Country

4. FEI Number
65-0762364

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LIMA, CARLOS
1 S.E. 3RD AVE, STE 950
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
LIMA, CARLOS
Street Address (P.O. Box Number is Not Acceptable)
1 SE 3rd Ave, Ste. 1445
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE (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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
LIMA, CARLOS ☒ Delete
1 S.E. 3RD AVE STE 950
MIAMI FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
LIMA, ANTONIO ☐ Change ☒ Addition
1 SE 3rd Ave, Ste. 1445
Miami, FL 33131

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03
Date

Daytime Phone #

CR2E034 (10/02)