

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90044 031 \*\*\*150.00

**DOCUMENT # P96000009331**

1. Entity Name

**LEAL EXPRESS INTERNATIONAL, INC.**

Principal Place of Business

~~14444 SOUTHWEST 107 TERRACE~~  
~~MIAMI FL 33186~~

Mailing Address

POST OFFICE BOX 651423  
 MIAMI FL 33265-1423

2. Principal Place of Business

**4035 SW 108th Ct.**

3. Mailing Address

**4035 SW 108th Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State\*

**MIAMI FL**

4. FEI Number

**65-0636801**

Applied For

Not Applicable

Zip

**33165**

Country

**DADE**

Zip

**33165**

Country

**DADE**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LEAL, LUIS R**  
**14444 SUTHWEST 107 TERRACE**  
**MIAMI FL 33186**

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

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, 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 | NAME         | STREET ADDRESS              | CITY-ST-ZIP    | <input type="checkbox"/> Delete |
|-------|--------------|-----------------------------|----------------|---------------------------------|
| PSTD  | LEAL, LUIS R | 14444 SOUTHWEST 107 TERRACE | MIAMI FL 33186 | <input type="checkbox"/>        |
|       |              |                             |                | <input type="checkbox"/>        |
|       |              |                             |                | <input type="checkbox"/>        |
|       |              |                             |                | <input type="checkbox"/>        |
|       |              |                             |                | <input type="checkbox"/>        |
|       |              |                             |                | <input type="checkbox"/>        |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS   | CITY-ST-ZIP    | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|------------------|----------------|--|-----------------------------------|
|       |      | 4035 SW 108th Ct | MIAMI FL 33165 | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                  |                | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                  |                | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                  |                | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                  |                | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                  |                | <input type="checkbox"/>                   | <input type="checkbox"/>          |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* / **President** 3/09/00

CR2E034 (9/99)