

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90962 050 ***150.00

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DOCUMENT # P96000029471

1. Entity Name

LETO DEVELOPMENT CORPORATION

Principal Place of Business

3402 SIMMS STREET
 HOLLYWOOD FL 33021

Mailing Address

3402 SIMMS STREET
 HOLLYWOOD FL 33021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3535 BROKEN WOODS DR.

Suite, Apt. #, etc.

Unit 101

3. Mailing Address

3535 BROKEN WOODS DR.

Suite, Apt. #, etc.

Unit 101

City & State

CORAL SPRINGS FL

Zip

33065

Country

USA

City & State

CORAL SPRINGS FL

Zip

33065

Country

USA

4. FEI Number

65-0672358

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LETO, PAUL

3402 SIMMS STREET

HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name LETO, SR. PETE

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

3535 BROKEN WOODS DR. Unit 101

City CORAL SPRINGS

FL

Zip Code

33065

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

Peter Leto, Sr.

PETER LETO, SR.

3/26/02

(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, 2002 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	P	<input type="checkbox"/> Delete
NAME	LETO, CHARLOTTE	
STREET ADDRESS	221 NURSI ISLE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LETO, PAUL	
STREET ADDRESS	3402 SIMMS ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LETO, SR. PETER	
STREET ADDRESS	3535 BROKEN WOOD DR. Unit 101	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETO, PAUL	
STREET ADDRESS	4255 SAND HILLS CIRCLE	
CITY-ST-ZIP	LAKE WORTH, FL 33463	
TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETO, CHARLOTTE	
STREET ADDRESS	3535 BROKEN WOODS DR. Unit 101	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
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
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 information empowered.

SIGNATURE:

Charlotte Leto

CHARLOTTE LETO

Date

3/24/02 (954) 255-9878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/01)