2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000104209

LEPANTO REALTY CORP.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90052 008 ***150.00

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Principal Place of Business 131 MESSINA DRIVE BRAINTREE MA 02184		Mailing Address 131 MESSINA DRIVE BRAINTREE MA 02184	, l	•			UEC MEN GENE GIVE		
2. Principal	I Place of Business	3. Mailing Address	<u> </u>						
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.					in the second	_	
					☐ CHECK HERE IF MAKING CHANGES				
		City & State			4. FEI Number 04-3345702			Applied For Not Applicable	
Zip 	Country	Zip Country			5. Certificate of Status I	Desired [\$8.75 Additional	
	6. Name and Address of Curren	t Registered Agent			7. Name and Address	of New Regist		quire	<u> </u>
CT CODE	BODATION OVOTEN		Name			- Itogio	ACICA Agent		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		Street Address		Address (P.	(P.O. Box Number is Not Acceptable)				
PLANTAT	TION FL 33324		, <u>-</u>						
6 ⁷ The above			City	<u>. </u>				Code	
the obliga	e named entity submits this statement fations of registered agent.	or the purpose of changing it	s registered office o	r registere	d agent, or both, in the St	ate of Florida.	I am familiar	with, a	and accept
SIGNATURE	- •								
SIGNATURE									
/-	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered Agent signa	ture required w	hen reinstation)		DATE		
	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered Agent signa	ture required w	rhen reinstating)		DATE		
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Thereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIQUIDINE SOUTH E STREAMER E STREAMER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

7813567676 x229

Daytime Phone #