2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED DOCUMENT # **P97000001903** May 05, 2000 8:00 am Secretary of State LECOUNTE ENTERPRISES, INC. 05-05-2000 90005 024 ***150.00 Mailing Address Principal Place of Business 835 NW 47TH ST 14612 NW 7TH AVE MIAMI FL 33127-2358 MIAMI FL 33168 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt #, etc. Applied For City & State City & State 4. FEI Number 65-0718167 Not Applicable Country Zip Country \$8.75 Additional 5.-Certificate of Status Desired - -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LECOUNTE, ERNEST Street Address (P.O. Box Number is Not Acceptable) 835 NW 47TH ST **MIAMI FL 33127** City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE LECOUNTE, ERNEST NAME NAME STREET ADDRESS 835 NW 47TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33127** ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Elkie . CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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

4-13-00 (305) 68(-0143