

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90248 001 ***300.00

0080763

DOCUMENT # P97000022669

1. Entity Name

LEANTE FLORIDA, INC.

Principal Place of Business

~~316 N. BERMUDA AVENUE~~
 KISSIMMEE FL 34741

Mailing Address

~~200 E. ROBINSON ST~~
~~STE 500~~
 ORLANDO FL 32801

33926

2. Principal Place of Business

3479 West Vine Street

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 430408

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number 59-3445382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA CORPORATE SUPPORT, INC.
 200 E. ROBINSON ST
 STE 500
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Ideal Opportunities Inc
 Street Address (P.O. Box Number is Not Acceptable) 316 N John Young Pkwy
 Suite 14
 City Kissimmee FL Zip Code 34741

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 B. N. Majeed

B. N. Majeed VP

3/9/01

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, 2001 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 PD
 NAME KONINGSBRUGGEN, PIET VAN
 STREET ADDRESS HOBEMAPLANTSOEN 61 POSTBUS 363
 CITY-ST-ZIP HERRHUGOWAARD NETHERLANDS ☐ Delete

TITLE SD
 NAME HAARMSMA, DORA
 STREET ADDRESS HOBEMAPLANTSOEN 61 POSTBUS 363
 CITY-ST-ZIP HERRHUGOWAARD NETHERLANDS ☐ Delete

TITLE V
 NAME GROENENDIJK, PETER J
 STREET ADDRESS 316 N. BERMUDA AVE #11
 CITY-ST-ZIP KISSIMMEE FL 34741 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1950 Willow Wood Drive
 CITY-ST-ZIP Kissimmee FL 34746

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Piet Van Koningsbruggen Pres

Date

3/9/01

Daytime Phone #

407 944 9515

CR2E034 (10/00)