

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030417

1. Entity Name

LE CONTE UZURI COLLECTIONS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90059 048 ***150.00

Principal Place of Business

26653 SW 125TH CT
MIAMI FL 33032-7926

Mailing Address

26653 SW 125TH CT
MIAMI FL 33032-7926

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0740425**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LECONTE, PHYLLIS A
26653 SW 125TH CT
MIAMI FL 33032

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

Phyllis A LeConte

Phyllis A. LeConte

4/30/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LE CONTE, DULCIDIO F	
STREET ADDRESS	26653 SW 125TH CT	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE	P	<input type="checkbox"/> Delete
NAME	LECONTE, PHYLLIS A	
STREET ADDRESS	26653 SW 125TH CT	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE	S	<input type="checkbox"/> Delete
NAME	LECONTE, CLIFFOR D J	
STREET ADDRESS	26653 SW 125 CT	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE	T	<input type="checkbox"/> Delete
NAME	LECONTE, MILAS F	
STREET ADDRESS	26653 SW 125TH CT	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LeConte Dulcideo	
STREET ADDRESS	26653 SW 125CT	
CITY-ST-ZIP	MIAMI, FL 33032	
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 like empowered.

SIGNATURE:

Phyllis A - LeConte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (305) 258-6706

Date

Daytime Phone #

CR2E034 (10/00)