

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000061616

1. Entity Name

LENIET TWO CORPORATION

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90122 006 ***150.00

Principal Place of Business

29421 S.W. 152ND AVENUE
 LEISURE CITY FL 33033-2847

Mailing Address

29421 S.W. 152ND AVENUE
 LEISURE CITY FL 33033-2847

2. Principal Place of Business

11605 SW 147TH AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

65-0910659

Applied For

Not Applicable

Zip

33196-3386

Country

DADE

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEON, REINALDO
 29421 SW 152ND AVENUE
 LEISURE CITY FL 33033-2847

7. Name and Address of New Registered Agent

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

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
S	LEON, REINALDO	29421 S.W. 152ND AVENUE	LEISURE CITY FL 33033-2847				
T	LEON, MARTHA	29421 SW 152ND AVENUE	LEISURE CITY FL 33033-2847				
P	NEITO, MIRIAM	29421 S.W. 152ND AVENUE	LEISURE CITY FL 33033-2847				
VP	ALVAREZ-GUERRA, RICHARD	29421 S.W. 152ND AVENUE	LEISURE CITY FL 33033-2847				

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:

Miriam Nieto
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00

Date

Daytime Phone #

MIRIAM NIETO