

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90036 023 ***150.00

DOCUMENT # P97000061616

1. Entity Name
LENIET TWO CORPORATION

Principal Place of Business Mailing Address
11605 SW 149TH AVE 11605 SW 149TH AVE
MIAMI FL 33196 MIAMI FL 33196

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
951 SW 4TH AVE
 City & State City & State
BOCA RATON FL

4. FEI Number **65-0910659** 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
LEON, REINALDO Name **WILLIAM BLAKESBERG**
29421 SW 152ND AVENUE Street Address (P.O. Box Number is Not Acceptable) **951 SW 4TH AVE**
LEISURE CITY FL 33033-2847 City **BOCA RATON FL** Zip Code **33432-5803**

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 *William Blakesberg* DATE **1-16-01**
WILLIAM BLAKESBERG (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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 NAME STREET ADDRESS CITY-ST-ZIP	S LEON, REINALDO 29421 S.W. 152ND AVENUE LEISURE CITY FL 33033-2847	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEON, MARTHA 29421 SW 152ND AVENUE LEISURE CITY FL 33033-2847	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NETO, MIRIAM 29421 S.W. 152ND AVENUE LEISURE CITY FL 33033-2847	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALVAREZ-GUERRA, RICHARD 29421 S.W. 152ND AVENUE LEISURE CITY FL 33033-2847	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard Alvarez-Guerra* DATE: **1-16-01** DAYTIME PHONE #: **561-250-8300**
RICHARD ALVAREZ-GUERRA

CR2E034 (10/00)