

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000061616**

1. Entity Name

LENIET TWO CORPORATION

Principal Place of Business

11605 SW 149TH AVE
MIAMI FL 33196

Mailing Address

11605 SW 149TH AVE
MIAMI FL 33196

2. Principal Place of Business

3. Mailing Address

C/O BLAKESBERG, & CO CPAS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

951 SW 4TH AVE

City & State

City & State

BOCA RATON FL

Zip

Country

Zip

Country

33432-5803

USA

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
29421 SW 152ND AVENUE
LEISURE CITY FL 33033-2847

Name

WILLIAM BLAKESBERG

Street Address (P.O. Box Number is Not Acceptable)

951 SW 4TH AVE

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-01

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 State10. 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 S
NAME LEON, REINALDO
STREET ADDRESS 29421 S.W. 152ND AVENUE
CITY-ST-ZIP LEISURE CITY FL 33033-2847 ☐ DeleteTITLE T
NAME LEON, MARTHA
STREET ADDRESS 29421 SW 152ND AVENUE
CITY-ST-ZIP LEISURE CITY FL 33033-2847 ☐ DeleteTITLE P
NAME NETO, MIRIAM
STREET ADDRESS 29421 S.W. 152ND AVENUE
CITY-ST-ZIP LEISURE CITY FL 33033-2847 ☐ DeleteTITLE VP
NAME ALVAREZ-GUERRA, RICHARD
STREET ADDRESS 29421 S.W. 152ND AVENUE
CITY-ST-ZIP LEISURE CITY FL 33033-2847 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD ALVAREZ-GUERRA

Date

Daytime Phone #

1-16-01

561-250-8300



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)