

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90064 044 ***150.00

DOCUMENT # P97000061616

1. Entity Name
LENIET TWO CORPORATION

Principal Place of Business

11605 SW 149TH AVE
MIAMI FL 33196

Mailing Address

% BLAKESBERG & CO CPDS
951 SW 4TH AVE.
BOCA RATON FL 33432-5803

2. Principal Place of Business

11605 SW 147TH AVE

3. Mailing Address

BLAKESBERG & CO CPAS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

BOCA RATON FL

Zip

33196-3386

Country

DADE

Zip

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

BLAKESBERG, WILLIAM
951 SW 4TH AVE.
BOCA RATON FL 33432-5803

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, 2002 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 **S** ☐ Delete
NAME **LEON, REINALDO**
STREET ADDRESS **29421 S.W. 152ND AVENUE**
CITY-ST-ZIP **LEISURE CITY FL 33033-2847**

TITLE **T** ☐ Delete
NAME **LEON, MARTHA**
STREET ADDRESS **29421 SW 152ND AVENUE**
CITY-ST-ZIP **LEISURE CITY FL 33033-2847**

TITLE **P** ☐ Delete
NAME **NETTO, MIRIAM**
STREET ADDRESS **29421 S.W. 152ND AVENUE**
CITY-ST-ZIP **LEISURE CITY FL 33033-2847**

TITLE **VP** ☒ Delete
NAME **ALVAREZ-GUERRA, RICHARD**
STREET ADDRESS **29421 S.W. 152ND AVENUE**
CITY-ST-ZIP **LEISURE CITY FL 33033-2847**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02

Date

305 752 7001

Daytime Phone #

CR2E034 (9/01)