

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 147 TH AVE
 Suite, Apt. #, etc.

3. Mailing Address
BLAKESBERG & CO CPAS
 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

DO NOT WRITE IN THIS SPACE



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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S <input type="checkbox"/> Delete
NAME	LEON, REINALDO
STREET ADDRESS	29421 S.W. 152ND AVENUE
CITY-ST-ZIP	LEISURE CITY FL 33033-2847
TITLE	<input type="checkbox"/> Delete
NAME	T LEON, MARTHA
STREET ADDRESS	29421 SW 152ND AVENUE
CITY-ST-ZIP	LEISURE CITY FL 33033-2847
TITLE	<input type="checkbox"/> Delete
NAME	P NETO, MIRIAM
STREET ADDRESS	29421 S.W. 152ND AVENUE
CITY-ST-ZIP	LEISURE CITY FL 33033-2847
TITLE	<input checked="" type="checkbox"/> Delete
NAME	VP ALVAREZ-GUERRA, RICHARD
STREET ADDRESS	29421 S.W. 152ND AVENUE
CITY-ST-ZIP	LEISURE CITY FL 33033-2847
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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	
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: _____ **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02 **305 752 7001**
 Date Daytime Phone #

CR2E034 (9/01)