

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90186 041 ***150.00

DADR3429 AV

DOCUMENT # P97000061616



1. Entity Name
LENIET TWO CORPORATION

Principal Place of Business
**11605 SW 147TH AVE
MIAMI FL 33196**

Mailing Address
**BLAKESBERG & CO CPAS
951 SW 4TH AVE.
BOCA RATON FL 33432-5803**

90006459



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0910659**

Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

33196-3386

USA

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. 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	T	<input type="checkbox"/> Delete
NAME	LEON, MARTHA	
STREET ADDRESS	29421 SW 152ND AVENUE	
CITY-ST-ZIP	LEISURE CITY FL 33033-2847	
TITLE	P	<input type="checkbox"/> Delete
NAME	NEITO, MIRIAM	
STREET ADDRESS	29421 S.W. 152ND AVENUE	
CITY-ST-ZIP	LEISURE CITY FL 33033-2847	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SURE REQUIRED**

SZL

1/17/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)