

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089295

1. Entity Name

DELEON AND ASSOCIATES CORP.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90068 044 ***150.00

0495601

Principal Place of Business

2950 NE 190 ST.
#212
AVENTURA FL 33180

Mailing Address

2950 NE 190 ST.
#212
AVENTURA FL 33180

UUU27707

2. Principal Place of Business

1824 BRICKELL AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1-A

City & State

MIAMI FL

City & State

4. FEI Number 65-0787468

Applied For

Not Applicable

Zip

33129

Country

MIAMI-DADE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CACCIAMANI, VICTORIA
2950 NE 190 ST.
#212
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

CARLOS LERMAN, ESQ

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

100 SE 2ND STREET SUITE 2620

City

MIAMI

FL

Zip Code

33131

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]

CARLOS LERMAN

3.17.01

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, 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 P
NAME DELEON, CARLOS ☐ Delete
STREET ADDRESS 2950 NE 190 ST. #212
CITY-ST-ZIP AVENTURA FL 33180

TITLE P
NAME CARLOS DELEON ☒ Change ☐ Addition
STREET ADDRESS 1824 BRICKELL AVE #1-A
CITY-ST-ZIP MIAMI FL 33129

TITLE VP
NAME DELEON, EMMA ☒ Delete
STREET ADDRESS 2950 NE 190 ST. #212
CITY-ST-ZIP AVENTURA FL 33180

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS DELEON, Pres

Date

3/17/01

Daytime Phone #

(305) 285-3124

CR2E034 (10/00)