

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90209 006 ***150.00

DOCUMENT # P97000089295

1. Entity Name
DELEON AND ASSOCIATES CORP.

Principal Place of Business

1824 BRICKELL AVE.
1-A
MIAMI FL 33129

Mailing Address

1824 BRICKELL AVE.
1-A
MIAMI FL 33129

2. Principal Place of Business

6111 SW 86 ST.
 Suite, Apt. #, etc.

3. Mailing Address

6111 SW 86 ST.
 Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

MIAMI Florida

4. FEI Number

65-0787468

Applied For

Not Applicable

Zip

Country

33143

Zip

Country

33143

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CALOS LEWMAN, ESQ..
100 SE 2ND STREET
SUITE 2620
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **BRIAN SMOLER**

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

2611 HOLLYWOOD BLVD

City **HOLLYWOOD**

FL

Zip Code

33020

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

3/26/02

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	P <input type="checkbox"/> Delete
NAME	DELEON, CARLOS
STREET ADDRESS	1824 BRICKELL AVE. # 1-A
CITY-ST-ZIP	MIAMI FL 33129
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6111 SW 86 ST
CITY-ST-ZIP	MIAMI FL 33143
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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 employees.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3/21/02 (305) 219-6479

Date

Daytime Phone #

CR2E034 (9/01)