2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 01, 2001 8:00 am Secretary of State DOCUMENT # P9800003355 LERA CONSULTING GROUP, INC. 02-01-2001 90155 020 ***150.00 Principal Place of Business Mailing Address 5245 N.W. 36TH ST 5245 N.W. 36TH ST #209 MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0809267 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LERA, MARTHA Street Address (P.O. Box Number is Not Acceptable) 532 MOKENA DRIVE MIAMI SPRINGS FL 33166 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00__ 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be. Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PST ☐ Change ☐ Delete TITLE Addition LERA, MARTHA NAME NAME STREET ADDRESS 532 MOKENA DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS FL 33166 CITY-ST-ZIP **VPD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition LERA, MARTHA NAME NAME 532 MOKENA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS FL 33166 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.