

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012787

1. Entity Name

LENO TRANSPORTATION, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90044 032 ***150.00

Principal Place of Business

Mailing Address

6600 NW 27 AVE
 119
 MIAMI FL 33147

P.O. BOX 471041
 MIAMI FL 33247-1041

2. Principal Place of Business

3. Mailing Address

6600 NW 27 AVE
 Suite, Apt. #, etc.
 Ste 119

P.O. BOX 471041
 Suite, Apt. #, etc.

City & State
 Miami, FL

City & State
 Miami, FL

Zip
 33147

Country
 DADE

Zip
 33247

Country
 DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0812447

Applied For
☒ Not Applicable

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

LENO, JAMES
 6810 NW 28TH AVE
 MIAMI FL 33147

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

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, 2000 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 D ☐ Delete
 NAME LENO, JAMES
 STREET ADDRESS 6810 NW 28TH AVE
 CITY-ST-ZIP MIAMI FL 33147

TITLE D ☐ Change ☒ Addition
 NAME Terry W. Leno
 STREET ADDRESS 17650 NW 67 Ave #1417
 CITY-ST-ZIP Miami, FL 33015

TITLE ☒ Delete
 NAME AUA Gardner
 STREET ADDRESS 6600 NW 27 Ave
 CITY-ST-ZIP Miami, FL 33147

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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 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 like empowered.

SIGNATURE:

James A. Leno
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
 Date

3058358964
 Daytime Phone #

CR2E034 (9/99)