

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 APR 27 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000029098

Corporation Name

LENIL, INC.

Principal Place of Business

2225 NE 123RD STREET
202
MIAMI FL 33181

Mailing Address

2225 NE 123RD STREET
UNIT 202
NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1998

4. FEI Number

56-1477539

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☒ Yes ☐ No

Principal Place of Business

2225 NE 123 St.

Suite, Apt. #, etc.

UNIT 216

City & State

NORTH MIAMI FL.

Country

33181

2a. Mailing Address

2225 NE 123 St

Suite, Apt. #, etc.

UNIT 216

City & State

NORTH MIAMI FL.

Zip

33181

Country

30

9. Name and Address of Current Registered Agent

EDMOND L. SUGAR, P.A.
950 SOUTH FEDERAL HIGHWAY
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name

EDMOND L. SUGAR P.A.

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

5741 SHERIDAN ST.

83

84 City

HOLLYWOOD

FL

85

Zip Code

33021

I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 17 98

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D
LENCSE, STEVEN
2225 NE 123RD STREET #202
NORTH MIAMI FL 33181

☐ DELETE

D
LENCSE, ILONA
2225 NE 123RD STREET #202
NORTH MIAMI FL 33181

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2225 NE 123 St. #216
N. MIAMI FL. 33181

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

2225 NE 123 St. #216
N. MIAMI FL. 33181

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

300003242813-5

-05/08/00-01107-016

****150.00 ****150.00

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

KE

I 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 on this annual report or supplemental annual 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILONA LENCSE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 305891-6162
Date Day/Time Phone #

CR2E034 (11/98)