

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90118 036 ***150.00

DOCUMENT # P98000029098

1. Entity Name
LENIL, INC.

Principal Place of Business

**2225 NE 123RD STREET
 UNIT 216
 NORTH MIAMI FL 33181**

Mailing Address

**2225 NE 123RD STREET
 UNIT 216
 NORTH MIAMI FL 33181**

2. Principal Place of Business

1801-1837 NW 66th Ave
 Suite, Apt. #, etc.

3. Mailing Address

320 S. SURF Rd
 Suite, Apt. #, etc.
204

City & State

Hollywood, FL

City & State

HOLLYWOOD FL

4. FEI Number

56-1477539

Applied For

Not Applicable

Zip **33024**
~~33024~~

Country

BROWARD

Zip

33019

Country

BROWARD

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

**EDMOND L. SUGAR, P.A.
 5741 SHERIDAN ST
 HOLLYWOOD FL 33021**

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, 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **LENCSE, STEVEN**
 CITY-ST-ZIP **2225 NE 123RD STREET #216
 NORTH MIAMI FL 33181**

TITLE ☐ Change ☐ Addition
 NAME **LENCSE, STEVEN**
 STREET ADDRESS **320 S. SURF Rd #204**
 CITY-ST-ZIP **Hollywood, FL. 33019**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LENCSE, ILONA**
 CITY-ST-ZIP **2225 NE 123RD STREET #216
 NORTH MIAMI FL 33181**

TITLE ☐ Change ☐ Addition
 NAME **LENCSE, ILONA**
 STREET ADDRESS **320 S. SURF Rd #204**
 CITY-ST-ZIP **Hollywood, FL. 33019**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: ILONA LENCSE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

Date

954-929-3992

Daytime Phone #

CR2E034 (10/00)