

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
 05-29-2002 90679 009 \*\*\*150.00

0249857  
AV

**DOCUMENT # P98000054752**

1. Entity Name  
**LEJEUNE STATION, INC.**

Principal Place of Business <b>12398 SW 82ND AVE          MIAMI FL 33156</b>	Mailing Address <b>12398 SW 82ND AVE          MIAMI FL 33156</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>12305 S. DIXIE HWY</b> Suite, Apt. #, etc.	3. Mailing Address <b>12305 S. DIXIE HWY</b> Suite, Apt. #, etc.
City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33156</b>	Country

4. FEI Number <b>65-0852913</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GORMAN, LENARD H**  
**1320 S DIXIE HWY**  
**PENTHOUSE 1275**  
**CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FONTECILLA, ISABEL E</b> <b>12398 SW 82ND AVE</b> <b>MIAMI FL 33156</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FONTECILLA, CARLOS</b> <b>12398 SW 82ND AVE</b> <b>MIAMI FL 33156</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, S, T, D</b> <b>CARLOS FONTECILLA</b> <b>12305 S. DIXIE HWY</b> <b>MIAMI FL 33156</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 I am empowered.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** **5/9/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

436642

**Lejeune Station, Inc.**

12305 S. Dixie Highway  
Miami Florida 33156

Telephone (305) 255-4145  
Fax (305) 255-9165

May 9, 2002

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Document #P98000054752

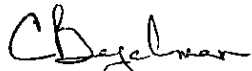
Dear Sir/Madam,

Attached please find the 2002 Uniform Business Report (UBR) along with check # 3013 in the amount of \$150.00. Due to the fact that our office moved in the beginning of 2002, we did not receive the form to file on a timely basis.

Based on the above, please abate any penalty associated with this filing. Thank you in advance for your cooperation.

Should you have any questions, please do not hesitate to contact the undersigned.

Sincerely,



Carol L. Begelman

Enclosures