## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT#**

P99000035122

1. Entity Name

LEON SHOES, INC.



## Jan 21, 2003 8:00 am Secretary of State **FILED**

01-21-2003 90219 018 \*\*\*150.00

| Principal Plac<br>710 SOUTH D<br>CORAL GABLE                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 710 SC                                             | Mailing Address<br>710 SOUTH DIXIE HIGHWAY<br>CORAL GABLES FL 33146                  |                                |                                              |                                                                |                                                                                                                  |                              |                                             | 77 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------|------------------------------------------|--|
| 2. Principal P                                                                                                                                                                                                                           | Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3. Maili                                           | 3. Mailing Address                                                                   |                                |                                              |                                                                |                                                                                                                  |                              | A)                                          |                                          |  |
| Suite, Apt.                                                                                                                                                                                                                              | #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Suite                                              | Suite, Apt. #, etc.                                                                  |                                |                                              |                                                                | CHECK HERE IF MAKING CHANGES                                                                                     |                              |                                             |                                          |  |
| City & Stat                                                                                                                                                                                                                              | e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | City                                               | City & State                                                                         |                                |                                              | 4.                                                             | 4. FEI Number 65-0928455 Applied For Not Applicable                                                              |                              |                                             |                                          |  |
| Zip                                                                                                                                                                                                                                      | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Zip                                                | Zip Coun                                                                             |                                |                                              | 5. Certificate of Status Desired S8.75 Additional Fee Required |                                                                                                                  |                              |                                             |                                          |  |
| <del> </del>                                                                                                                                                                                                                             | 6. Name and Address of Curren                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | t Registere                                        | d Agent                                                                              |                                |                                              | 7:"                                                            | Name and Address of New Re                                                                                       | aistered A                   | gent                                        |                                          |  |
|                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    | Name                                                                                 |                                |                                              |                                                                |                                                                                                                  |                              |                                             |                                          |  |
| ADAN CEI                                                                                                                                                                                                                                 | DNANDO C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                                                                      |                                |                                              |                                                                | 1 •                                                                                                              |                              |                                             |                                          |  |
|                                                                                                                                                                                                                                          | RNANDO S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    | Street Address                                                                       |                                |                                              | ldress (P.O. E                                                 | (P.O. Box Number is Not Acceptable)                                                                              |                              |                                             |                                          |  |
| 710 SOUT                                                                                                                                                                                                                                 | 'H DIXIE HIGHWAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                                                                      |                                |                                              | •                                                              |                                                                                                                  |                              |                                             |                                          |  |
| CORAL GA                                                                                                                                                                                                                                 | ABLES FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                                                                      |                                |                                              |                                                                | <u> </u>                                                                                                         |                              | -                                           |                                          |  |
| 00/11/2 0                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                      |                                |                                              |                                                                |                                                                                                                  |                              |                                             |                                          |  |
|                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                      |                                | City                                         |                                                                |                                                                                                                  | FL                           | Zip Cod                                     | le                                       |  |
| 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                      |                                |                                              |                                                                |                                                                                                                  |                              |                                             |                                          |  |
| SIGNATURE .                                                                                                                                                                                                                              | Signature, typed or printed name of registered agen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | t and title if appli                               | cable (NOT                                                                           | E: Registere                   | d Agent signatur                             | e required when r                                              | einstating)                                                                                                      | DATE                         |                                             | <del></del> ,                            |  |
|                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                      |                                |                                              |                                                                | <del></del>                                                                                                      |                              |                                             |                                          |  |
| F                                                                                                                                                                                                                                        | ILE NOW!!! FEE IS \$150.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                                                                                      |                                |                                              |                                                                | 9. Election Campaign Fina                                                                                        | ncina                        | ¢E C                                        | 00 May Be                                |  |
| After May 1, 2003 Fee will be \$550.00                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                      |                                |                                              |                                                                | Trust Fund Contribution                                                                                          |                              |                                             | d to Fees                                |  |
| Make Check                                                                                                                                                                                                                               | Payable to Florida Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | of State                                           |                                                                                      |                                |                                              |                                                                | Trast Faria Sommonion                                                                                            |                              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,     | 3101000                                  |  |
| 10.                                                                                                                                                                                                                                      | OFFICERS AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DIRECTOR                                           | ORS 11.                                                                              |                                |                                              | АГ                                                             | DDITIONS/CHANGES TO OFFI                                                                                         | CERS AND I                   | DIRECTOR                                    | S IN 11                                  |  |
|                                                                                                                                                                                                                                          | D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <i>- - - - - - - - - -</i>                         |                                                                                      | TITL                           |                                              | 7 12                                                           | 3,110,10,10,10,10                                                                                                |                              | [ ] Change                                  | Addition                                 |  |
| TITLE                                                                                                                                                                                                                                    | SALZVERG, DANNY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    | ☐ Delete                                                                             |                                |                                              |                                                                |                                                                                                                  |                              | onlarige                                    | L Addition                               |  |
| NAME                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                      | NAM                            | -                                            |                                                                |                                                                                                                  |                              |                                             |                                          |  |
|                                                                                                                                                                                                                                          | 710 SOUTH DIXIE HIGHWAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    |                                                                                      |                                | ET ADDRESS                                   |                                                                |                                                                                                                  |                              |                                             | Î                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                              | CORAL GABLES FL 33146                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |                                                                                      | CITY                           | -ST-ZIP                                      |                                                                |                                                                                                                  |                              |                                             |                                          |  |
| TITLE                                                                                                                                                                                                                                    | D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    | ☐ Delete                                                                             | TITL                           | E                                            |                                                                |                                                                                                                  |                              | ☐ Change                                    | Addition                                 |  |
| NAME                                                                                                                                                                                                                                     | SALZVERG, MICHAEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                                                      | NAM                            | E                                            |                                                                |                                                                                                                  |                              |                                             | ,                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                           | 710 SOUTH DIXIE HIGHWAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    |                                                                                      | STRE                           | ET ADDRESS                                   |                                                                |                                                                                                                  |                              |                                             |                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                              | CORAL GABLES FL 33146                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |                                                                                      |                                | -ST-ZIP                                      |                                                                |                                                                                                                  |                              |                                             | }                                        |  |
| •                                                                                                                                                                                                                                        | COLNE CARDETO LE 22140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                                                                      | _                              |                                              |                                                                |                                                                                                                  |                              |                                             | — Dire                                   |  |
| TITLE                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    | ☐ Delete                                                                             | TITL                           |                                              |                                                                |                                                                                                                  | . —                          | ☐ Change                                    | ☐ Addition                               |  |
| NAME                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                      | NAM                            | •                                            |                                                                |                                                                                                                  |                              |                                             |                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                      |                                | ET ADDRESS                                   |                                                                |                                                                                                                  |                              |                                             | ,                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                      | CITY                           | -ST-ZIP                                      |                                                                |                                                                                                                  |                              |                                             |                                          |  |
| TITLE                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    | ☐ Delete                                                                             | TITL                           | E .                                          |                                                                |                                                                                                                  |                              | ☐ Change                                    | ☐ Addition                               |  |
| NAME                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                      | NAM                            |                                              |                                                                |                                                                                                                  |                              | -                                           |                                          |  |
| STREET ADDRESS                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                      | STRE                           | ET ADDRESS                                   |                                                                |                                                                                                                  |                              |                                             | ļ                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                      |                                | -ST-ZIP                                      |                                                                |                                                                                                                  |                              |                                             |                                          |  |
|                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                      |                                |                                              |                                                                |                                                                                                                  |                              |                                             |                                          |  |
| TITLE                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    | ☐ Delete                                                                             | TITLE                          |                                              |                                                                |                                                                                                                  |                              | ☐ Change                                    | ☐ Addition                               |  |
| NAME                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                      | NAM                            |                                              |                                                                |                                                                                                                  |                              |                                             | 1                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                      |                                | ET ADDRESS                                   |                                                                |                                                                                                                  |                              |                                             | ļ                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                      | CITY                           | -ST-ZIP                                      |                                                                |                                                                                                                  |                              |                                             |                                          |  |
| TITLE                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    | ☐ Delete                                                                             | TITLE                          |                                              |                                                                |                                                                                                                  |                              | Change                                      | ☐ Addition                               |  |
| NAME                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                      | NAM                            | E                                            |                                                                |                                                                                                                  |                              |                                             | ľ                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                      | STRE                           | ET ADDRESS                                   |                                                                |                                                                                                                  |                              |                                             |                                          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                                                      |                                | -ST-ZIP                                      |                                                                |                                                                                                                  |                              |                                             | }                                        |  |
|                                                                                                                                                                                                                                          | Laste share the information of the same of | L 4610 611-0 1                                     | dana ant constitute.                                                                 |                                |                                              | at in Carater                                                  | 440.07(2)(i) Elected Control - 1                                                                                 | further as a section         | firshout the :                              | nformation.                              |  |
| indicated<br>of the cor<br>changed,                                                                                                                                                                                                      | pertify that the information supplied you<br>on this report or supplemental report<br>poration or the receiver or trustes effort<br>or on an attachment with an address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | this filing of the and a wered to e with all other | does not quality for<br>accurate and that nexecute this report<br>or like empowered. | ne exe<br>ny signa<br>as requi | mption state<br>ture shall ha<br>red by Char | ve the same<br>oter 607, Flori                                 | legal effect as if made under or ida Statutes. I legal effect as if made under or ida Statutes; and that my name | ath; that I an<br>appears in | y mar the ii<br>1 an officer<br>Block 10 or | or director<br>r Block 11 if             |  |

SIGNATURE:

JRE REQUIRED SIGNAT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #