

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054759

1. Entity Name

LEDUAR GARMENT PRODUCTIONS, INC.

Principal Place of Business

2768 S.W. 33RD COURT  
MIAMI FL 33135

Mailing Address

2768 S.W. 33RD COURT  
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0927846

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUTIERREZ, ZOILA

2768 S.W. 33RD COURT

MIAMI FL 33135

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$550.00

After September 12, 2001 Fee will be \$750.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD GUTIERREZ, ZOILA 2768 S.W. 33RD COURT MIAMI FL 33135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200004614302--8 -09/27/01--01088--003 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Duration: Block 9

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 SEP 24 PM 4:01



DO NOT WRITE IN THIS SPACE

00376800  
AV

CR2E034 (5/01)

**PROFESSIONAL BUSINESS ACCOUNTING, INC.**  
**312-A S. W. 12<sup>TH</sup> AVENUE, MIAMI, FLORIDA 33130**  
**305-642-3679 305-642-3992/FAX EMAIL: vamean@aol.com**

**September 14, 2001**

**Division of Corporations  
Secretary of State  
P. O. Box 6327  
Tallahassee, Florida 32314  
ATTN: Sean Toner**

**Dear Mr. Toner:**

**As per our telephone conversation I am enclosing the annual reports that we recently found sent to a client of ours by mistake.**

**Attached are the checks and the documents. Should there be any problems with the actual reports please contact me as soon as possible. If any of the checks are returned not paid by the bank then you need to contact the actual client to make the checks valid.**

**Please do your best possible to have all these checks deposited as soon as possible.**

**Thank you for your assistance and attention.**

**Sincerely,**

  
**Lawrence G. Herrero, President  
Professional Business Accounting, Inc.**