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

## DOCUMENT #

P99000060723

1. Entity Name

THE LEAR GROUP, INC.



Principal Place of Rusiness

Mailing Address

| 21301 POWERLINE<br>SUITE 204<br>BOCA RATON FL | ROAD                      | SUITE 204               | 21301 POWERLINE ROAD                  |  |  |
|---|---------------------------|-------------------------|---------------------------------------|--|--|
| 2. Principal Place                            | of Business               | 3. Mailing Addres       | 3. Mailing Address                    |  |  |
| Suite, Apt. #, e                              | tc.                       | Suite, Apt. #, et       | Suite, Apt. #, etc.                   |  |  |
| City & State                                  |                           | City & State            | · · · · · · · · · · · · · · · · · · · |  |  |
| Žip   | Country                   | Zip                     | Country                               |  |  |
|   | 6. Name and Address of Cu | irrent Registered Agent |                                       |  |  |
|   |                           |                         | Name                                  |  |  |
| PINA, DONAL<br>7008 BRUNS                     | Street Address (          |                         |                                       |  |  |

**FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90034 040 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

| City & State   |   | City & State               |                                   | 4. FEI Number 65-0944692                           | Applied For                    |  |
|--|---|----------------------------|-----------------------------------|--|--------------------------------|--|
|  |   |                            |                                   | 03 0341032   | Not Applicable                 |  |
| Žip  | Country   | Zip                        | Country                           | 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        |                                |  |
|  |   | <del></del>                | Name                              |  |                                |  |
| PINA, DONALD A 7008 BRUNSWICK CIR BOYNTON BEACH FL 33437 |   |                            | Street Add                        | Street Address (P.O. Box Number is Not Acceptable) |                                |  |
|  |   |                            | City                              |  | FL Zip Code                    |  |
|  | med entity submits this statements of registered agent. | ent for the purpose of cha | nging its registered office or re | egistered agent, or both, in the State of Florida. | I am familiar with, and accept |  |

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE Director TITLE Delete Pina, Donald A. NAME PINA, DONALD A NAME 103 WOODLAKE CIRCLE STREET ADDRESS STREET ADDRESS 7008 Brunswick Circle CITY-ST-ZIP CITY-ST-ZIP **GREENACRES FL 33463** Bounton Beach, FL 33437 Change Director ☐ Addition ☐ Delete TITLE JITLE NAME Ana, Michele E. NAME PINA, MICHELE E STREET ADDRESS · STREET ADDRESS 7008 Brunswick Cirle 103 WOODLAKE CIRCLE CITY-ST-ZIP CITY-ST-ZIP **GREENACRES FL 33463** Bounton Beach, FL 33437 ☐ Addition TITLE ☐ Defete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment

SIGNATURE: