

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 999000095348

1. Entity Name
Leem, Inc.

Principal Place of Business
118 West Orange Street
Altamonte Springs FL 32714

Mailing Address
118 West Orange Street
Altamonte Springs FL 32714-2537

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90195 035 ***150.00

2. Principal Place of Business
207 West Columbia Ave
Suite, Apt. #, etc. Unit C
City & State Kissimmee FL
Zip 34741 Country USA

3. Mailing Address
207 West Columbia Ave
Suite, Apt. #, etc. Unit C
City & State Kissimmee FL
Zip 34741 Country USA

DO NOT WRITE IN THIS SPACE

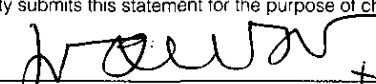
4. FEI Number 59-3603568 **Applied For** ☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Spiegel & Utrera, P.A.
343 Almena Avenue
Coral Gables FL 33134

7. Name and Address of New Registered Agent
Name Sadrul Alam
Street Address (P.O. Box Number is Not Acceptable) 207 West Columbia Ave
Unit C
City Kissimmee FL Zip Code 34741

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  **DATE** 1/24/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|----------------------------|---|--|
| TITLE | PTD | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Alam, Sadrul | NAME | |
| STREET ADDRESS | 118 West Orange Street | STREET ADDRESS | 207 West Columbia Ave Unit C |
| CITY-ST-ZIP | Altamonte Springs FL 32714 | CITY-ST-ZIP | Kissimmee FL 34741 |
| TITLE | SVD | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOHA, Shamsud | NAME | |
| STREET ADDRESS | 118 West Orange Street | STREET ADDRESS | |
| CITY-ST-ZIP | Altamonte Springs FL 32741 | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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

SIGNATURE:  **DATE** 1/24/00 **Daytime Phone #**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)