

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

0117673

DOCUMENT # S05260

01-30-2001 90040 023 ***150.00

1. Entity Name

LENIET CORPORATION

Principal Place of Business

Mailing Address

29421 S.W. 152ND AVE
 LEISURE CITY FL 33033-2847
 US

29421 S.W. 152ND AVE
 LEISURE CITY FL 33033-2847
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

C/O BLAKESBERG, LLC POS

951 SW 4TH AVE

BOCA RATON FL

33432-5803

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0221725**

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

LEON, REINALDO
 29421 SW 152ND AVE
 LEISURE CITY FL 33033-2847

Name **WILLIAM BLAKESBERG**

Street Address (P.O. Box Number is Not Acceptable)
951 SW 4TH AVE

City **BOCA RATON FL** Zip Code **33432-5803**

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

William Blakesberg

1-16-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **D** Delete
 NAME **LEON, REINALDO**
 STREET ADDRESS **29421 S.W. 152ND AVE.**
 CITY-ST-ZIP **LEISURE CITY FL 33033-2847**

TITLE **P** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Delete
 NAME **NIETO, MIRIAM**
 STREET ADDRESS **29421 SW 152ND AVE**
 CITY-ST-ZIP **LEISURE CITY FL 33033-2847**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Change Addition
 NAME **MARTHA LEON**
 STREET ADDRESS **29421 SW 152 AVE**
 CITY-ST-ZIP **LEISURE CITY FL 33033-2847**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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:

Martha Leon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTHA LEON

1-16-01

Date

561-750-8300

Daytime Phone #

CR2E034 (10/00)