


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90355 043 ***150.00

DOCUMENT # S37464
1. Entity Name
leo motel incorporated
d/b/a rest inn



DO NOT WRITE IN THIS SPACE

11036957

2. Principal Place of Business
333 SOUTH FEDERAL HWY
Suite, Apt. #, etc.

3. Mailing Address
3805 BROADWAY
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DANIA, FLORIDA

City & State
WEST PALM BEACH, FLORIDA

4. FEI Number **65-0250811** Applied For
Not Applicable

Zip **33004** Country **U.S.A.** Zip **33407** Country **U.S.A.**

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

DO NOT WRITE IN THIS SPACE

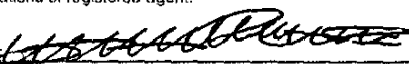
7. Name and Address of Current Registered Agent

Name **MANOJKUMAR N. PATEL**

Street Address (P.O. Box Number is Not Acceptable)
3805 BROADWAY

City **WEST PALM BEACH** FL Zip Code **33407**

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  DATE **04/30/2003**

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	president manojkumar n. patel 3805 broadway WEST PALM BEACH FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **04/30/2003** 561-719-3499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #