2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # V18647**

1. Entity Name

LEON, JORGE A.

6744 NW 72 AVE MIAMI FL 33166

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

SIGNATURE

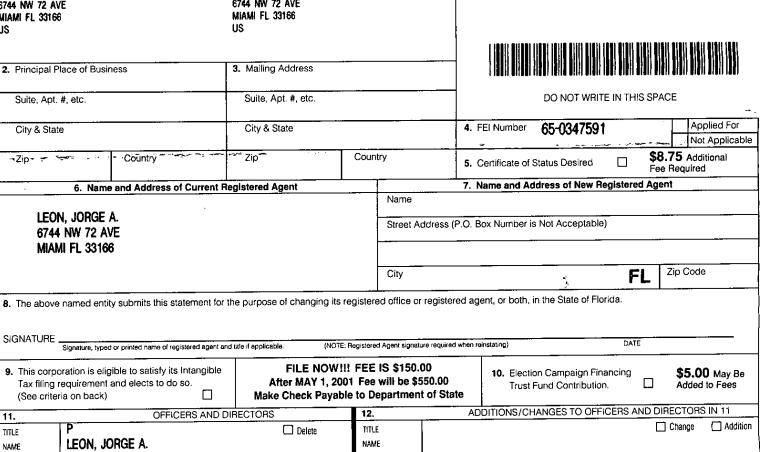
Principal Place of Business	Mailing Address						
6744 NW 72 AVE MIAMI FL 33166 US	6744 NW 72 AVE Miami FL 33166 US						
2. Principal Place of Business	3. Mailing Address						
		Suite, Apt. #, etc.					
Suite, Apt. #, etc.	Suite, Apt. #, etc.						
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State						

6. Name and Address of Current Registered Agent

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

Apr 26, 2001 8:00 am Secretary of State

04-26-2001 90015 050 ***150.00



(See criter	ia on back)		Make Check Payable	to Department of State				
11.	OFFICERS AND DIRECTORS		12.	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTORS	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEON, JORGE A. 6744 NW 72 AVE MIAMI FL 33166		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS -CITY-ST-ZIP	T LEON, BERTHA 6744 NW 72 AVE MIAMI FL 33166	-	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEON, DIANNA 6744 NW 72 AVE MIAMI FL 33166		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEON, DENISE 6744 NW 72 AVE MIAMI FL 33166		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	☐ Addition }
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEON, JENNIFER 6744 NW 72 AVE MIAMI FL 33166		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

s no qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information pplied with this fili indicated on this report or supple of the corporation or the receiver changed, or on an attachment with al report is true an tee empowered to

SIGNATURE:

TYPED OR PRINTED NAME O