

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90005 043 ***150.00

DOCUMENT # V69192

1. Entity Name
LEON'S FURNITURE, INC.

Principal Place of Business

**7780 N.W. 7TH AVE
MIAMI FL 33150
US**

Mailing Address

**7780 N.W. 7TH AVE
MIAMI FL 33150
US**

80081558



DO NOT WRITE IN THIS SPACE

65-0363330

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LACHMANSINGH, NASEEMA
678 NW 156 AVENUE
PEMBROKE PINES FL 33028**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
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. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST LACHMANSINGLE, NASEEMA 7780 NW 7TH AVE MIAMI FL 33150 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **NASEEMA LACHMANSINGH** **305-899-0910**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)



FURNITURE

QUALITY HOME FURNISHING

Attach mark A0081358 page 2 of 2

069192

July 20/01

"TO WHOM IT MAY CONCERN"

ENCLOSED PLEASE FIND PAYMENT FOR
CORPORATION FEES.

I APPOLIGISE FOR RESPONDING SO LATE -
MY REASON IS I WAS IN AND OUT
OF HOSPITAL FROM DECEMBER 2000 TO
APRIL 2001.

I HAD OPEN HEART SURGERY WHICH
DIDN'T GO SO WELL.

THANKING YOU FOR UNDERSTANDING.

REGARDS

N. Lockman