

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90111 047 \*\*\*150.00

**DOCUMENT # 419111**

1. Entity Name

**LESLIE AND HELENE, INC.**

Principal Place of Business

Mailing Address

19070 NE 20 CT  
 NMB FL 33179

19070 NE 20 CT  
 NMB FL 33437-4251

2. Principal Place of Business

3. Mailing Address

5862 SEASHELL TR 5862 SEASHELL TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOYNTON BEACH FL BOYNTON BEACH FL

Zip 33437- Country USA

Zip 33437 Country USA

4. FEI Number

59-1454115

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRONGOLD, JACK  
 19070 NE 20 CT  
 NMB FL 33179

Name JACK KRONGOLD

Street Address (P.O. Box Number is Not Acceptable) 5862 SEASHELL TR

City BOYNTON BEACH FL Zip Code 33437

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

Signature, typed 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, 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 PD  
 NAME KRONGOLD, JACK  Delete  
 STREET ADDRESS 19070 N.E. 20TH CT.  
 CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE PD  Change  Addition  
 NAME JACK KRONGOLD  
 STREET ADDRESS 5862 SEASHELL TR  
 CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE D  Delete  
 NAME KRONGOLD, LESLIE A  
 STREET ADDRESS 19070 N.E. 20TH COURT  
 CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE D  Change  Addition  
 NAME LESLIE KRONGOLD  
 STREET ADDRESS 3213 FIR AVE  
 CITY-ST-ZIP SAN FRANCISCO CALIF 94116

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VP  Change  Addition  
 NAME ELEANOR KRONGOLD  
 STREET ADDRESS 5862 SEASHELL TR  
 CITY-ST-ZIP BOYNTON BEACH, FL 33437

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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/00 561-734-2111