

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 589605

1. Entity Name

~~LEOPOLD & LEOPOLD, P.A.~~ Leopold, Korn + Leopold, P.A.

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90012 045 \*\*\*150.00

0228842

Principal Place of Business

20801 BISCAYNE BLVD  
SUITE 501  
AVENTURA FL 33180  
US

Mailing Address

20801 BISCAYNE BLVD  
SUITE # 501  
AVENTURA FL 33180  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1851337**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEOPOLD, NORMAN  
20801 BISCAYNE BLVD  
N. MIAMI BEACH FL 33180

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

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEOPOLD, KAREN S 21300 N E 23 CT NO MIAMI BEACH, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEOPOLD, NORMAN 21300 N E 23 CT NO MIAMI BEACH, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Gary A. Korn, Esq. 19964 NE 19th Place North Miami Beach, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/01 (305) 935-3500

CR2E034 (10/00)

Attachment

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**ARTICLES OF AMENDMENT TO THE  
ARTICLES OF INCORPORATION OF  
LEOPOLD & LEOPOLD, P.A.**

Pursuant to the provisions of the Florida Business Corporation Act, the undersigned Corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. The name of the corporation is LEOPOLD & LEOPOLD, P.A.
2. The following Amendment to the Articles of Incorporation was adopted by the Shareholders and by the Board of Directors of the Corporation on December 4, 2000:

**ARTICLE I**

The name of the Corporation shall be LEOPOLD, KORN & LEOPOLD, P.A.

The address of the Corporation shall be 20801 Biscayne Boulevard, Suite 501  
Aventura, Florida 33180

Dated: December 4, 2000

LEOPOLD & LEOPOLD, P.A.

By: [Signature]  
KAREN LEOPOLD, President

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

} SS:

The execution of the foregoing instrument was acknowledged before me this 4th day of December, 2000 by KAREN LEOPOLD, as President of LEOPOLD & LEOPOLD, P.A., a Florida corporation, who is personally known to me and who did not take an oath.

My Commission Expires:

[Signature]  
Notary Public, State of Florida at Large

Print Name: ILEANA NAVARRO  
Commission # CC 790939  
Expires JAN. 2, 2003  
BONDED THRU  
ATLANTIC BONDING CO., INC.

**CONSENT**

KAREN LEOPOLD and NORMAN LEOPOLD, being the sole Shareholders and constituting the sole members of the Board of Directors of the Corporation hereby consent to the foregoing Amendment.

[Signature]  
NORMAN LEOPOLD

[Signature]  
KAREN LEOPOLD

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

} SS:

The execution of the foregoing instrument was acknowledged before me this 4th day of December, 2000 by NORMAN LEOPOLD and KAREN LEOPOLD, who are personally known to me and who did not take an oath.

My Commission Expires:

[Signature]  
Notary Public, State of Florida at Large

Print Name: ILEANA NAVARRO  
Commission # CC 790939  
Expires JAN. 2, 2003  
BONDED THRU  
ATLANTIC BONDING CO., INC.

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