

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 589605

1. Entity Name  
LEOPOLD, KORN & LEOPOLD, P.A.FILED  
Apr 10, 2002 8:00 am  
Secretary of State

04-10-2002 90031 031 \*\*\*150.00

0287554 AV

## 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 &amp; State

City &amp; 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, 2002 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 PD ☐ Delete  
NAME LEOPOLD, KAREN S  
STREET ADDRESS 21300 N E 23 CT  
CITY-ST-ZIP NO MIAMI BEACH, FL 00000TITLE SD ☐ Delete  
NAME LEOPOLD, NORMAN  
STREET ADDRESS 21300 N E 23 CT  
CITY-ST-ZIP NO MIAMI BEACH, FL 00000TITLE VP ☐ Delete  
NAME KORN, GARY A ESO  
STREET ADDRESS 19964 NE 19TH PLACE  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 like empowered.

SIGNATURE: 

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02

Date

(305) 935-3500

Daytime Phone #

CR2E034 (9/01)