

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90153 044 ***150.00

0149071

DOCUMENT # P00000040117

1. Entity Name
MARALYN D. LEAF, P.A.

Principal Place of Business 1460 BRICKELL AVENUE SUITE 200 MIAMI FL 33130	Mailing Address 1460 BRICKELL AVENUE SUITE 200 MIAMI FL 33130
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00038057



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 SE 2ND STREET Suite, Apt. #, etc. 2330	3. Mailing Address 100 SE 2ND STREET Suite, Apt. #, etc. 2330
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City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 15-1010527	Applied For Not Applicable
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Zip 33131	Country USA	Zip 33131	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUBIT, DONALD E ESQ.
100 S.E. 2ND STREET, 17TH FLOOR
MIAMI FL 33131

Name MARALYN D. LEAF
Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND STREET SUITE 2330
City MIAMI FL Zip Code 33131

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 **MARALYN D. LEAF** *Maralyn D. Leaf* **4/17/01**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEAF, MARALYN D ESQ. 950 SEVILLE AVENUE CORAL GABLES FL 33134 <input type="checkbox"/> Delete	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"/> Delete	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: *Maralyn D. Leaf*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/01 **(305)373-0733**
Date Daytime Phone #

CR2E034 (10/00)