2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045734 1. Entity Name						Feb 07, 2000 8:00 am Secretary of State			
MARK J	LEEDS,	P.A.		,			-07-2000 90012 0		
Principal Place of Business			Mailing Address						
633 SO. FEDERAL HIGHWAY 8TH FLOOR FT LAUDERDALE FL 33302 US			633 SO. FEDERAL HIGHWAY 8TH FLOOR FT LAUDERDALE FL 33301-3164 US			7 1 0 7 0 7			
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN TI	HIS SPACE	
City & State			City & State		4.	4. FEI Number 65-0689541 Applied For Not Applicab			
Zip		Country	Zip	Country	5.	Certificate of St	atus Desired	\$8.75 Fee Red	Additional quired
Name and Address of Current Registered Agent					7.	Name and Add	ress of New Register	red Agent	
LEEDS, MARK J 633 SO. FEDERAL HIGHWAY 8TH FLOOR FT LAUDERDALE FL 33302				Street	Address (P.O. B	Box Number is t	Not Acceptable)		
			City					FL Zip	Code
8. The above		y submits this statement for printed name of registered agent		E: Registered Agent sign	ature required when re			NE	
 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 St		550.00		n Campaign Financing and Contribution.		55.00 May Be added to Fees
11.		OFFICERS AND	DIRECTORS	12.	ΑD	DITIONS/CHA	NGES TO OFFICERS	AND DIREC	TORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		iark j Federal Highway, 81 Erdale fl 33302	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Cha	nge 🗀 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Cha	inge 🗍 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X /31/00
Daytime Phone #

FILED