

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90034 012 ***150.00

DOCUMENT # P01000068343

1. Entity Name
FRED LEDER, INC.

Principal Place of Business

2541 ARAGON BLVD #112
SUNRISE FL 33322

Mailing Address

2541 ARAGON BLVD #112
SUNRISE FL 33322

2. Principal Place of Business

6393 SAN MICHEL WAY

Suite, Apt. #, etc.

3. Mailing Address

6393 SAN MICHEL WAY

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
DELRAY BEACH FLORIDA

Zip
33484

Country
USA

City & State
DELRAY BEACH FLORIDA

Zip
33484

Country
USA

4. FEI Number
30-0038442

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SANTORELLI, ROBERT
2541 ARAGON BLVD #112
SUNRISE FL 33322

7. Name and Address of New Registered Agent

Name
FRED LEDER

Street Address (P.O. Box Number Not Acceptable)
6393 SAN MICHEL WAY

City **DELRAY BEACH** **FL** **Zip Code** **33484**

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]* **FRED H. LEDER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/02

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ **Delete**
NAME **SANTORELLI, ROBERT**
STREET ADDRESS **2541 ARAGON BLVD #112**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ **Change** ☒ **Addition**
NAME **FRED LEDER**
STREET ADDRESS **6393 SAN MICHEL WAY**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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TITLE ☐ **Change** ☐ **Addition**
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 like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02

Date

561 498-7362

Daytime Phone #

CR2E034 (9/01)