

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

03-10-2002 90863 001 ***450.00

DOCUMENT # P97000026067

1. Entity Name
NEIL A. DELEON, P.A.

Principal Place of Business

7 NW 2ND ST
 SUITE 218
 MIAMI FL 33128-1849
 US

Mailing Address

7 NW 2ND ST
 SUITE 218
 MIAMI FL 33128-1849
 US

2. Principal Place of Business

44 WEST FLAGLER STREET

Suite, Apt. #, etc.

325

City & State

MIAMI, FL

Zip

33130-6812

Country

US

3. Mailing Address

44 WEST FLAGLER STREET

Suite, Apt. #, etc.

325

City & State

MIAMI, FL

Zip

33130-6812

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0742363**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELEON, NEIL A
7 NW 2ND ST
SUITE 218
MIAMI FL 33128

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

44 WEST FLAGLER STREET

SUITE 325

City

MIAMI

FL

Zip Code

33130-6812

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

Neil A. DeLeon

2/22/2002

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	PSD	<input type="checkbox"/> Delete
NAME	DELEON, NEIL A	
STREET ADDRESS	7 NW 2ND ST SUITE 218	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DELEON, NEIL A	
STREET ADDRESS	7 NW 2ND ST SUITE 218	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	44 WEST FLAGLER STREET, Suite 325	
CITY-ST-ZIP	MIAMI, FL 33130-6812	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	44 WEST FLAGLER STREET, SUITE 325	
CITY-ST-ZIP	MIAMI, FL 33130-6812	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE:

Neil A. DeLeon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/2002

Date

(305) 374-5494

Daytime Phone #

CR2E034 (9/01)