

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90111 035 ***150.00

DOCUMENT # 174873

1. Entity Name
LESLIE PROPERTIES, INC.



Principal Place of Business

~~ARTHUR STEIN~~ **DELETE THIS LINE**
545 W FLAGLER ST
MIAMI FL 33130-8325

Mailing Address

~~PERS-REP-ESTATE OF ARTHUR STEIN~~ **DELETE THIS LINE**
~~11028 MONFERO ST~~
~~CORAL GABLES FL 33158~~
~~US~~

2. Principal Place of Business

3. Mailing Address

13634 DEERING BAY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CORAL GABLES FL

Zip

Country

Zip

Country

33158

4. FEI Number

59-6076750

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASSEL, LESLIE
11028 MONFERO ST.
CORAL GABLES FL 33156

7. Name and Address of New Registered Agent

Name

AIMEE FRIED

Street Address (P.O. Box)

5800 ALTON RD

MIAMI BEACH

FL

33140

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **VP** ☐ Delete
NAME: **STEIN, AIMEE**
STREET ADDRESS: **5800 ALTON RD**
CITY-ST-ZIP: **MIAMI BEACH FL 33140**

TITLE: **P** ☐ Delete
NAME: **CASSEL, LESLIE**
STREET ADDRESS: **11028 MONFERO ST**
CITY-ST-ZIP: **CORAL GABLES FL 33156**

TITLE: **S** ☐ Delete
NAME: **STUBINS, CATHY**
STREET ADDRESS: **6225 SW 126 ST**
CITY-ST-ZIP: **MIAMI FL 33156**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PRESIDENT** ☒ Change ☐ Addition
NAME: **AIMEE FRIED**
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **TREASURER** ☒ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: **13634 DEERING BAY DR**
CITY-ST-ZIP: **CORAL GABLES, FL 33158**

TITLE: **V. P. + SECT** ☒ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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

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

CR2E034 (10/02)

12. 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 10 or Block 11 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

1/15/03

305-259-9988

Date

Daytime Phone #