

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90184 043 \*\*\*150.00

**DOCUMENT # 247664**

1. Entity Name  
**MARTIN B. LESHAW REPORTING SERVICE, INC.**

Principal Place of Business

**66 WEST FLAGLER STREET  
 MIAMI FL 33130**

Mailing Address

**66 WEST FLAGLER STREET  
 MIAMI FL 33130**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**66 WEST FLAGLER ST  
 Suite, Apt. #, etc.  
 310**

3. Mailing Address

**66 WEST FLAGLER  
 Suite, Apt. #, etc.  
 310**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number **59-0973345**

Applied For

Not Applicable

Zip

**33130**

Country

**DADE**

Zip

**33130**

Country

**DADE**

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

6. Name and Address of Current Registered Agent

**LESHAW, MARTIN B  
 66 WEST FLAGLER STREET  
 MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 **PS** ☐ Delete  
 NAME **ARNOLD, MARY**  
 STREET ADDRESS **8912 SW 81ST TERR.**  
 CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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 REQUIRED**

**8/7/02 954-467-0600**

CR2E034 (4/02)

Attachment

#247664  
123723

Please note, we never received  
the original form, apparently since  
our suite number was not  
on the file. We are changing  
our information as noted to  
include the suite number,  
accordingly.

Please accept the \$150 fee payment  
as a result of our not having  
received the original form filing  
before May 1.

Thank you  
Mary Ann D.  
Pres. Dent