

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90003 011 ***150.00

DOCUMENT # 305131

1. Entity Name
LEO-JAMES, INC.

Principal Place of Business 1228 ALTON ROAD MIAMI BEACH FL 33139 US	Mailing Address 1228 ALTON ROAD MIAMI BEACH FLA 33139-3810 US
--	--

00066040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1166764		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
RESNICK, JAMES 1228 ALTON ROAD MIAMI BEACH FL 33139				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

8. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
PD	RESNICK, JAMES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	1228 ALTON ROAD		NAME		
ST-ZIP	MIAMI BEACH FL 33139		STREET ADDRESS		
			CITY-ST-ZIP		
SD	RESNICK, SARA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	1228 ALTON ROAD		NAME		
ST-ZIP	MIAMI BEACH FL 33139		STREET ADDRESS		
			CITY-ST-ZIP		
		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			NAME		
ST-ZIP			STREET ADDRESS		
		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			NAME		
ST-ZIP			STREET ADDRESS		
		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			NAME		
ST-ZIP			STREET ADDRESS		
		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			NAME		
ST-ZIP			STREET ADDRESS		
		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			NAME		
ST-ZIP			STREET ADDRESS		
		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			NAME		
ST-ZIP			STREET ADDRESS		
		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS			NAME		
ST-ZIP			STREET ADDRESS		

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: JAMES RESNICK PRES Date: 2-18-2000 Daytime Phone #: 305-6734981

CR2E034 (9/99)