FILED
May 19, 2003 8:00 am
Secretary of State

04-30-2003 90132 048 ***185.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #496015

1. Entity Name
THE LEONARD PARKER COMPANY

55041747

[redacted]

Principal Place of Business	Mailing Address
201 ALHAMBRA CIRCLE SUITE 600 CORAL GABLES, FL 33131	201 ALHAMBRA CIRCLE SUITE 600 CORAL GABLES, FL 33131

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
SEE ATTACHED	2601 S. BAYSHORE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.: SUITE 1450
City & State	City & State: MIAMI, FLORIDA
Zip / Country	Zip: 33133 / Country: MIAMI-DADE

4. FEI Number: 59-1646727 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ULLMAN, SAMUEL C
C/O KELLEY DRYE & WARREN
201 S. BISCAYNE BLVD., SUITE 2400
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: PAUL D. FRIEDMAN
Street Address (P.O. Box Number is Not Acceptable): 1111 BRICKELL AVENUE
SUITE 2050
City: MIAMI FL Zip Code: 33131

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] 4/29/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	☑ Delete	TITLE	TRUSTEE	☐ Change ☑ Addition
NAME	PARKER, LEONARD		NAME	BURT R. BLOOM	
STREET ADDRESS	201 ALHAMBRA CIRCLE, STE. 600		STREET ADDRESS	2601 S. BAYSHORE DR., SUITE 1450	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	MIAMI, FLORIDA 33133	
TITLE	PCEO	☑ Delete	TITLE		☐ Change ☐ Addition
NAME	PARKER, DOUGLAS		NAME		
STREET ADDRESS	201 ALHAMBRA CIRCLE, STE. 600		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] BURT R. BLOOM 4/28/03 305.858-6211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #