

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 528474

1. Entity Name

LEEDS BUSINESS COUNSELING, INC.

Principal Place of Business

1110 BRICKELL AVENUE SUITE 508
MIAMI FL 33131

Mailing Address

404 VISCAYA AVE
CORAL GABLES FL 33134-7160
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNES, PAUL D. JR.
404 VISCAYA AVE
CORAL GABLES FL 33134

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.

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 \$150.00
After MAY 1, 2001 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 PD
NAME LEEDS, HERBERT A.
STREET ADDRESS 1110 BRICKELL AVE. SUITE 508
CITY-ST-ZIP MIAMI FL 33134 ☐ Delete

TITLE VD
NAME LEEDS, DOROTHY S.
STREET ADDRESS 1121 CRANDON BLVD. D-507
CITY-ST-ZIP KEY BISCAYNE FL ☐ Delete

TITLE SD
NAME BARNES, PAUL D. JR.
STREET ADDRESS 404 VISCAYA AVE
CITY-ST-ZIP CORAL GABLES FL 33134-7160 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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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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:

Paul Barnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90018 049 ***150.00

607455



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1726598

Applied For

Not Applicable

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

CR2E034 (10/00)

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