2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 24, 2002 8:00 am Secretary of State **DOCUMENT # 724245** 1. Entity Name 02-24-2002 90086 019 ****61.25 LESLIE ESTATES HOMEOWNERS' ASSOCIATION NO. 1, IN Principal Place of Business Mailing Address 19468 N.W. 28TH PLACE P.O. BOX 170721- 552675 MIAMI FL 33056 HIALEAH-FL 33017 MIEANIZ, FL. 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 23-7302923 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BRATTON, ZOLENA** Street Address (P.O. Box Number is Not Acceptable) 19468 N.W. 28TH PLACE MIAMI FL 33056 Zip Code FL 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. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. **IPD** TITLE CR2E037 (9/01) Delete TITLE ☐ Change Addition Bratton, Zolena NAME NAME STREET ADDRESS 19468 N.W. 28TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33056 TITLE ☐ Delete Change TITLE □ Addition NAME STRAFFORD, LILLIAN NAME STREET ADDRESS 16900 N.W. 14TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 TITLE Delete TITLE ☐ Change ☐ Addition BETHEL, ALICE NAME NAME STREET ADDRESS 2891 N.W. 194TH STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33056 TITLE Delete TITLE ☐ Addition Martin, James NAME NAME STREET ADDRESS 3021 N.W. 19TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33056 CITY-ST-ZIP BM TITLE ☐ Defete TITLE Change ☐ Addition WILSON, BRENDA NAME NAME STREET ADDRESS 3061 N.W. 195TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33056 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of kustee empowered to execute this report as required by Chapter 617, 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 impowered.

FILED

February 5, 2012 305.620.0820