

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90096 032 ****61.25

DOCUMENT # 728132

1. Entity Name

LESLIE ESTATES HOMEOWNERS' ASSOCIATION NO. 6, IN

Principal Place of Business

Mailing Address

760 N.W. 107 AVENUE
 201
 MIAMI FL 33172

760 N.W. 107 AVENUE
 201
 MIAMI FL 33172-3155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6526582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KTG & S REGISTERED AGENT CORP
100 SE 2ND ST
28 FL
MIAMI FL 33151

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MOLODOWITZ, JOE	
STREET ADDRESS	760 N.W. 107 AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, ALEX	
STREET ADDRESS	760 NW 107 AVE, STE 201	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CRUZ, DEANNA	
STREET ADDRESS	760 N.W. 107 AVENUE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	JOSEPA C. REDUCK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	760 NW 107 Ave	
STREET ADDRESS	MIAMI, FL 33172	
CITY-ST-ZIP		
TITLE	RUSSELL RIZARRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	760 NW 107 Ave.	
STREET ADDRESS	MIAMI, FL 33172	
CITY-ST-ZIP		
TITLE	DEANNA CRUZ	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	760 NW 107 Ave	
STREET ADDRESS	MIAMI, FL 33172	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-559-1951