

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23956**

1. Entity Name

LEECO ASSOCIATES, LTD.

Principal Place of Business

ONE S.E. 3RD AVE.  
STE. 3050  
MIAMI FL 33131

Mailing Address

ONE S.E. 3RD AVE.  
STE. 3050  
MIAMI FL 33131-1715

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR 28 AM 3:05



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2749099

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROSENBERG, DONALD S.  
ONE SE THIRD AVAE.  
STE. 2600 3050  
MIAMI FL 33131

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. Capital Contributions as Shown on record.

\$1,523,238.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # J45070  
NAME LEECO CORP.  
STREET ADDRESS ONE SE THIRD AVENUE  
CITY - ST - ZIP MIAMI FL 33131

STREET ADDRESS

CITY - ST - ZIP

500003271975--4  
-05/31/00--01045--015  
\*\*\*\*535.00 \*\*\*\*535.00

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*Donald S. Rosenberg*  
LEECO Corp 4.19.00 305 358 2600