

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90061 005 ***150.00

DOCUMENT # F02696

1. Entity Name

LESLIE ALAN SCHERE, P.A.



Principal Place of Business

% GEORGE, HARTZ, LUNDEEN, ET AL
4800 LE JEUNE RD.
CORAL GABLES FL 33146-1819
US

Mailing Address

% GEORGE, HARTZ, LUNDEEN, ET AL
4800 LE JEUNE RD.
CORAL GABLES FL 33146-1819
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-2030106

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

SCHERE, LESLIE ALAN
~~1865 BRICKELL AVENUE~~
~~SUITE A-207~~
~~MIAMI FL 33131~~

Name

LESLIE ALAN SCHERE

Street Address (R.O. Box Number is Not Acceptable)

4800 LE JEUNE ROAD

City

Coral Gables

FL

Zip Code

33146

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]

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6 Feb 07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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 11

TITLE PD
NAME SCHERE, LESLIE ALAN
STREET ADDRESS ~~1865 BRICKELL AVE., SUITE A-207~~
CITY- ST- ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS 4800 LE JEUNE ROAD
CITY- ST- ZIP Coral Gables, FL 33146

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 Feb 07

Date

305-662-4800

Daytime Phone #