

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90040 022 ***150.00

DOCUMENT # F20683

1. Entity Name

LEISURE CITY SERVICE CENTER, INC.

Principal Place of Business

29421 SW 152ND AVE.
LEISURE CITY FL 33033-2847
US

Mailing Address

29421 SW 152ND AVE.
LEISURE CITY FL 33033
US

2. Principal Place of Business

3. Mailing Address

CP BLAKESBERG & CO CPAS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

951 SW 4TH AVE

City & State

City & State

BOCA RATON FL

Zip

Country

Zip

Country

33432-5803

USA

4. FEI Number

59-2083776

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

BLAKESBERG, WILLIAM

951 SW 4TH AVE

BOCA RATON FL 33432-5803

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LEON, REINALDO**
STREET ADDRESS **29421 S.W. 152ND AVE.**
CITY-ST-ZIP **LEISURE CITY FL**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33033-2847**

TITLE **VP** ☐ Delete
NAME **NIETO, MIRIAM**
STREET ADDRESS **29421 SW 152 AVE**
CITY-ST-ZIP **LEISURE CITY FL**

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33033-2847**

TITLE **S** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **MARTHA LEON**
STREET ADDRESS **29421 SW 152 AVE**
CITY-ST-ZIP **LEISURE CITY FL 33033-2847**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTHA LEON

Date

Daytime Phone #

1-16-01

561-756-8300

CR2E034 (10/00)