

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90272 045 ***150.00

DOCUMENT # F25816

1. Entity Name
LEONARD C. HOLLANDER C.L.U. & ASSOCIATES, INC.

Principal Place of Business TWO SOUTH BISCAYNE BLVD SUITE 3570 MIAMI FL 33131 US	Mailing Address TWO SOUTH BISCAYNE BLVD SUITE 3570 MIAMI FL 33131 US
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00011506



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2074061		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HOLLANDER, HOWARD J TWO SOUTH BISCAYNE BLVD, SUITE 1550 MIAMI FL 33131				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete HOLLANDER, LEONARD C	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	500 WEST CYPRESS CREEK ROAD, SUITE 710	NAME	
STREET ADDRESS	FT. LAUDERDALE FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> Delete HOLLANDER, HARRIET	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	500 WEST CYPRESS CREEK ROAD, SUITE 710	NAME	
STREET ADDRESS	FT. LAUDERDALE FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> Delete HOLLANDER, HOWARD J	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TWO S BISCAYEN BLVD, SUITE 3570	NAME	
STREET ADDRESS	MIAMI, FL 00000	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Howard J. Hollander **Howard J. Hollander V.P.** 1/23/2001 305-358-4633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)