

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

03-12-2002 90997 009 \*\*\*150.00

FORM 9401 AV

**DOCUMENT # F25816**  
**1. Entity Name**  
**LEONARD C. HOLLANDER C.L.U. & ASSOCIATES, INC.**

<b>Principal Place of Business</b> TWO SOUTH BISCAYNE BLVD SUITE <del>0570</del> <b>2390</b> MIAMI FL 33131 US	<b>Mailing Address</b> TWO SOUTH BISCAYNE BLVD SUITE <del>0570</del> <b>2390</b> MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>4. FEI Number</b> 59-2074061	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
 HOLLANDER, HOWARD J  
 TWO SOUTH BISCAYNE BLVD, SUITE ~~1550~~ **2390**  
 MIAMI FL 33131

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 Howard J. Hollander *HWJ/HLL* DATE 1/27/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2002 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**

TITLE	P	<input type="checkbox"/> Delete
NAME	HOLLANDER, LEONARD C	
STREET ADDRESS	580 300 WEST CYPRESS CREEK ROAD, SUITE 300	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOLLANDER, HARRIET	
STREET ADDRESS	580 300 WEST CYPRESS CREEK ROAD, SUITE 740	
CITY-ST-ZIP	FT. LAUDERDALE-FL 33309	
TITLE	V	<input type="checkbox"/> Delete
NAME	HOLLANDER, HOWARD J	
STREET ADDRESS	TWO S BISCAYEN BLVD, SUITE <del>3570</del> <b>2390</b>	
CITY-ST-ZIP	MIAMI, FL 00000	
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		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	Suite 2390
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	

**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 *HWJ/HLL* DATE 1/27/02 PHONE # 305-358-4639  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)