

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90054 036 \*\*\*150.00

**DOCUMENT # F41084**

1. Entity Name  
**DR. PHILIP B. LEON, P.A.**

Principal Place of Business  
**18545 NE 18TH AVENUE**  
**NORTH MIAMI BEACH FL 33179**

Mailing Address  
**18545 NE 18TH AVENUE**  
**NORTH MIAMI BEACH FL 33179**

2. Principal Place of Business  
**141 S.W. 125 Ave.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**141 S.W. 125 Ave.**  
 Suite, Apt. #, etc.

City & State  
**PLANTATION FL**  
 Zip  
**33325**  
 Country  
**BLUENAD**

City & State  
**PLANTATION FL**  
 Zip  
**33325**  
 Country  
**BLUENAD**

4. FEI Number **59-2115890** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LEON, PHILIP B**  
**18545 NE 18TH AVENUE**  
**NORTH MIAMI BEACH FL**

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

Name **Philip B. LEON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**141 S.W. 125 Ave.**  
 City **PLANTATION FL** Zip Code **33325**

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 *Philip B. Leon*  
 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, 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 **DP** ☐ Delete  
 NAME **LEON, PHILIP B**  
 STREET ADDRESS **18545 NE 18TH AVENUE**  
 CITY-ST-ZIP **NO MIAMI BEACH, FL 00000**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **141 S.W. 125 Ave**  
 CITY-ST-ZIP **PLANTATION, FL 33325**

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

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

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

TITLE ☐ Change ☐ Addition  
 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 *Philip B. Leon* **DR. Philip B. LEON.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**02-15-02 305-450-8808**

CR2E034 (9/01)