

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G50301

1. Entity Name

LENARD H. GORMAN, P.A.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90024 040 \*\*\*150.00

Principal Place of Business

2655 LE JEUNE ROAD  
 PH1-D  
 CORAL GABLES FL 33134  
 US

Mailing Address

2655 LE JEUNE ROAD  
 PH1-D  
 CORAL GABLES FL 33134-5827  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1320 South Dixie Highway  
 Suite, Apt. #, etc.  
 1275  
 City & State  
 Coral Gables FL  
 Zip  
 33146  
 Country  
 USA

3. Mailing Address

1320 South Dixie Highway  
 Suite, Apt. #, etc.  
 1275  
 City & State  
 Coral Gables FL  
 Zip  
 33146  
 Country  
 USA

4. FEI Number

59-2311511

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GORMAN, LENARD H.  
 13700 SW 103RD AVE.  
 MIAMI FL 33176

7. Name and Address of New Registered Agent

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, 2000 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	POTS	<input type="checkbox"/> Delete
NAME	GORMAN, LENARD H	
STREET ADDRESS	13700 SW 103RD AVE	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*LENARD H. GORMAN*  
 LENARD H. GORMAN

4/19/00  
 Date

(305) 988-4225  
 Daytime Phone #

CR2E034 (9/99)