

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0016390

DOCUMENT # L00000011906

1. Entity Name

LEDER NEWPORT COMMONS, L.L.C.

04-01-2002 90608 047 *****50.00

Principal Place of Business

1166 WEST NEWPORT CENTER DRIVE, SUITE 114
 DEERFIELD BEACH FL 33442

Mailing Address

1166 WEST NEWPORT CENTER DRIVE, SUITE 114
 DEERFIELD BEACH FL 33442

2. Principal Place of Business

6530 WEST ROGERS CIRCLE

3. Mailing Address

6530 WEST ROGERS CIRCLE

Suite, Apt. #, etc.

STE # 31

Suite, Apt. #, etc.

STE # 31

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33487

Country

PALM BEACH

Zip

33487

Country

PALM BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number

26-4520772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RITTER, GREGORY J
7000 W. PALMETTO PARK ROAD, SUITE 400
BOCA RATON FL 33433

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
LEDER, SAMUEL E
6530 W. ROGERS CIRCLE #31
BOCA RATON FL 33487

☐ Delete

10. ADDITIONS/CHANGES

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

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CP2E083 (9/01)