

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000001088

FILED  
May 22, 2002 8:00 AM  
Secretary of State

Entity Name: THE LEOPOLD GROUP, LLC

**Current Principal Place of Business:**

2100 NE 191ST DRIVE  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

2100 NE 191ST DRIVE  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

FEI Number: 65-1076606      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEOPOLD, KAREN S  
20801 BISCAYNE BLVD., SUITE 501  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: LEOPOLD, ROBERT  
Address: 1814 NE MIAMI GARDENS DR, #401  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT LEOPOLD

MGR

05/22/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date