

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L03237

1. Entity Name

LEISURE SERVICES, INC.

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90046 030 \*\*\*158.75

Principal Place of Business  
3110 BELMAR STREET  
SUITE 218  
FORT LAUDERDALE FL 33304  
US

Mailing Address  
601 BRICKELL KEY DR.  
507  
MIAMI FL 33131-2652  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0134759

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

GOMEZ, IVAN A P.A.  
601 BRICKELL KEY DRIVE  
SUITE 507  
MIAMI FL 33131

## 7. Name and Address of New Registered Agent

Name  
**IAG CORPORATE SERVICES, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**601 Brickell Key Drive**  
**507**  
City **Miami** FL Zip Code **33131**

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 By: *Ivan A. Gomez, Pres.* **4/13/00**  
Signature of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE  
**IVAN A. GOMEZ, President**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WEIHAGEN, SAM</b>	
STREET ADDRESS	<b>401 N. ATLANTIC BLVD</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MATTIAS, LINDQUIST</b>	
STREET ADDRESS	<b>401 N. ATLANTIC BOULEVARD</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33304</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ELMROTH, KLAS</b>	
STREET ADDRESS	<b>401 N. ATLANTIC BOULEVARD</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Mattias Lindqvist* **MATTIAS LINDQVIST**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APR. 16TH, 2000 (954) 522 4582**  
Date Daytime Phone #

CR20014 (1/98)