

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L21804

1. Entity Name

LEN FELDMAN INSURANCE AGENCY, INC.

**FILED**  
**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90107 037 \*\*\*150.00

Principal Place of Business

Mailing Address

7481 W OAKLAND PK BLVD  
SUITE 306 A  
FT LAUDERDALE FL 33319  
US

7481 W OAKLAND PK BLVD  
SUITE 306A  
FT LAUDERDALE FL 33071-6086  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1515 N. UNIVERSITY DR

1515 N UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 213

SUITE 213

City & State

City & State

CORAL SPRINGS FL

CORAL SPRINGS FL

Zip

Country

Zip

Country

33071-6086

FLORIDA

33071-6086

4. FEI Number

65-0161036

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELDMAN, LEONARD  
7481 W OAKLAND PK BLVD  
SUITE 306A  
FT. LAUDERDALE FL 33319

Name

Street Address (P.O. Box Number is Not Acceptable)

1515 N UNIVERSITY DR

SUITE 213

City

CORAL SPRINGS

FL

Zip Code

33071

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PV  
FELDMAN, LEONARD  
1862 NW 97TH AVE  
PLANTATION FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

LEONARD FELDMAN

Date

Daytime Phone #

1/25/2000 954 575-0011