

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90149 009 \*\*\*\*\*61.25

**DOCUMENT # N00000007306**

1. Entity Name

**LAUDERHILL BUSINESS ALLIANCE, INC.**

Principal Place of Business

2331 N-STATE ROAD 7  
SUITE 201  
LAUDERHILL FL 33313

Mailing Address

2331 N STATE ROAD 7  
SUITE 201  
LAUDERHILL FL 33313

2. Principal Place of Business

**7340 W. ATLANTIC Blvd.**

3. Mailing Address

**7340 W. ATLANTIC Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Margate FL**

City & State

**Margate FL**

Zip

**33063**

Country

**USA**

Zip

**33063**

Country

**USA**

4. FEI Number

**65-1048595**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GILL, A. WAYNE  
GILL & ASSOCIATES, P.A.  
1499 W. PALMETTO PARK RD., STE. 312  
BOCA RATON FL 33486**

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

**4/1/02**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BARRETT, GRACE	
STREET ADDRESS	510 NW 73RD WAY	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LESHINSKY, JOEL	
STREET ADDRESS	3409 HEATHER TERRACE	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WILKIE, POLLY	
STREET ADDRESS	11131 TAFT STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	TI	<input checked="" type="checkbox"/> Delete
NAME	COLLIE, MICHELLE	
STREET ADDRESS	3 SW 129TH AVENUE, #101	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOTEN, ELIJAH	
STREET ADDRESS	2000 CITY HALL DRIVE	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, LERETTA	
STREET ADDRESS	2331 N STATE ROAD 7. #201B	
CITY-ST-ZIP	LAUDERHILL FL 33313	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRANNAN, MICHAEL	
STREET ADDRESS	7340 W. ATLANTIC BLVD.	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERKMAN, CARL	
STREET ADDRESS	6300 FALL CIRCLE DR., BUILD. 4, #207	
CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	TI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMUELS, AL	
STREET ADDRESS	P.O. BOX 190057	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LEVETTA (Name corr.)	
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**GILL, A. WAYNE** Director **4/03/02** **561-620-3811**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)