

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90001 045 \*\*\*\*61.25

**DOCUMENT # N26635**

1. Entity Name

**LEIV EIRIKSSON CENTER, INC.**

Principal Place of Business

**1180 SOUTH AMERICA WAY  
 MIAMI FL 33132**

Mailing Address

**1180 SOUTH AMERICA WAY  
 MIAMI FL 33132**

2. Principal Place of Business

*Leiv Eiriksson Center, Inc.*

3. Mailing Address

*1180 S. America Way*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Miami, FL*

City & State

Zip

Country

Zip

Country

*33132*

4. FEI Number

**65-0164512**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**FREEMAN, JEFFREY L ESQ  
 11645 BISCAYNE BLVD  
 STE 210  
 MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name

*Jeffrey L. Freeman, Esq.*

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

*666 NE 125 Street, Suite 238*

City

*N. Miami*

FL

Zip Code

*33161*

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]*

*Jeffrey L. Freeman, Esq.*

*9/10/2001*

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

**After September 12, 2001, min. will be \$236.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LEVASSER, GEORGE</b> <b>10002 NW 89TH AVE</b> <b>MIAMI FL 33178</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>QUINN, DONALD</b> <b>1007 N AMERICA WAY</b> <b>MIAMI FL 33132</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHITE, DEL</b> <b>1001 N AMERICA WY</b> <b>MIAMI FL 33132</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COFFEY, ARTHUR</b> <b>1610 PORT BLVD</b> <b>MIAMI FL 33132</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LYNCH, JOHN</b> <b>8050 NW 79TH AVE</b> <b>MIAMI FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHAN OYER</b> <b>1001 NORTH AMERICA WAY # 111</b> <b>MIAMI, FL 33132</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*July 26, 2001 305-491-5469*

Date

Daytime Phone #

CR2E037 (5/01)