

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26635

1. Entity Name

LEIV EIRIKSSON CENTER, INC.

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90005 034 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

FREEMAN, JEFFREY L ESQ
666 NE 125 STREET
SUITE 238
NORTH MIAMI FL 33161

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P
NAME: LEVASSER, GEORGE
STREET ADDRESS: 10002 NW 89TH AVE
CITY-ST-ZIP: MIAMI FL 33178 ☐ Delete

TITLE: P
NAME: Del White
STREET ADDRESS: 1001 N. America Way
CITY-ST-ZIP: Miami, FL 33132 ☒ Change ☐ Addition

TITLE: D
NAME: QUINN, DONALD
STREET ADDRESS: 1007 N AMERICA WAY
CITY-ST-ZIP: MIAMI FL 33132 ☐ Delete

TITLE: D
NAME: George Levasser
STREET ADDRESS: 10002 NW 89 Ave
CITY-ST-ZIP: Miami, FL 33178 ☒ Change ☐ Addition

TITLE: D
NAME: WHITE, DEL
STREET ADDRESS: 1001 N AMERICA WY
CITY-ST-ZIP: MIAMI FL 33132 ☐ Delete

TITLE: D
NAME: Svenn E. Dahl
STREET ADDRESS: 2907 Bird Ave
CITY-ST-ZIP: Miami, FL 33133 ☐ Change ☒ Addition

TITLE: D
NAME: COFFEY, ARTHUR
STREET ADDRESS: 1610 PORT BLVD
CITY-ST-ZIP: MIAMI FL 33132 ☐ Delete

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

TITLE: D
NAME: LYNCH, JOHN
STREET ADDRESS: 8050 NW 79TH AVE
CITY-ST-ZIP: MIAMI FL 33166 ☐ Delete

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

TITLE: D
NAME: OYEN, JOMAN
STREET ADDRESS: 1001 NORTH AMERICA WAY # 111
CITY-ST-ZIP: MIAMI FL 33132 ☐ Delete

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

04-18-2002 305 490-8817

Date

Daytime Phone #

CR2E037 (9/01)