

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003816

1. Entity Name

THE KOBER-LEICHNER MEMORIAL FOUNDATION INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90113 024 ****61.25

Principal Place of Business

Mailing Address

~~2300 ALTON RD~~
MIAMI BEACH FL 33140

~~2300 ALTON RD~~ 1425 16th St. #3
MIAMI BEACH FL ~~33140-256~~
33139

2. Principal Place of Business

1425 16th St.

3. Mailing Address

1425 16th St.

Suite, Apt. #, etc.

Apt. #3

Suite, Apt. #, etc.

Apt. #3

City & State

Miami Beach FL

City & State

Miami Beach, FL

Zip 33139

Country

Miami-Dade

Zip

33139

Country

Miami-Dade

6. Name and Address of Current Registered Agent

4. FEI Number

65-0605686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

KOBER, HONEY L
777 BRICKELL AVE
SUITE 500
MIAMI FL 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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KOBER, MARC	
STREET ADDRESS	2300 ALTON RD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOBER, HONEY L	
STREET ADDRESS	2300 ALTON RD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREENBERG, YESHAYA	
STREET ADDRESS	2038 ALTON RD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	P	<input type="checkbox"/> Delete
NAME	KOBER, MARC	
STREET ADDRESS	2300 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	KOBER, HONEY L	
STREET ADDRESS	2300 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marc Kober	
STREET ADDRESS	1425 16th St. Apt. #3	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Honey L Kober	
STREET ADDRESS	1425 16th St. Apt. #3	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marc Kober	
STREET ADDRESS	1425 16th St. Apt. #3	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Honey L Kober	
STREET ADDRESS	1425 16th St. Apt. #3	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Honey L Kober
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/00 305.347-6878

CR2E037 (9/99)