

# 2002 UNIFORM BUSINESS REPORT (UBR)

0022687

DOCUMENT # **N95000003816**

1. Entity Name

**THE KOBER-LEICHER MEMORIAL FOUNDATION INC.**

FILED

02 AUG 29 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1425 -16TH ST.  
APT. 3  
MIAMI BCH FL 33139

1425 -16TH ST.  
APT. 3  
MIAMI BCH FL 33139

2. Principal Place of Business

3. Mailing Address

777 Brickell Ave

777 Brickell Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #500

Suite #500

City & State

City & State

Miami FL

Miami, FL

Zip

Country

33131

U.S.A

Zip

Country

33131

U.S.A

4. FEI Number

65-0605686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOBER, HONEY L  
777 BRICKELL AVE  
SUITE 500  
MIAMI FL 33131

Name

MARY T. NACCARATO

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

3500 Segovia Street

City

Coral Gables

FL

Zip Code  
33134

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

*Mary T. Naccarato*

8/28/02

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 DP ☐ Delete  
NAME KOBER, MARC  
STREET ADDRESS 1425 -16TH ST. #3  
CITY-ST-ZIP MIAMI BCH FL 33139

TITLE ☒ Change ☐ Addition  
NAME DP  
STREET ADDRESS KOBER, MARC  
CITY-ST-ZIP 777 BRICKELL AVE, #500  
MIAMI, FL 33131

TITLE DVTS ☐ Delete  
NAME KOBER, HONEY L  
STREET ADDRESS 1425 -16TH ST. #3  
CITY-ST-ZIP MIAMI BCH FL 33139

TITLE ☒ Change ☐ Addition  
NAME DVTS  
STREET ADDRESS KOBER, HONEY L  
CITY-ST-ZIP 777 BRICKELL AVE, #500  
MIAMI, FL 33131

TITLE D ☐ Delete  
NAME GREENBERG, YESHAYA  
STREET ADDRESS 2038 ALTON RD  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition  
NAME 600007604176  
STREET ADDRESS -09/09/02--01067--030  
CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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*

8/26/02

305  
347-6878

CR2E037 (9/01)