

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90078 037 ***150.00

02/05/02 AV

DOCUMENT # P00000001691

1. Entity Name

LESLIE AVENER, CPA, P.A.

Principal Place of Business

1 S.E. 3RD AVE., 10TH FLOOR
 MIAMI FL 33131

Mailing Address

1 S.E. 3RD AVE., 10TH FLOOR
 MIAMI FL 33131

2. Principal Place of Business

600 NE 36 STREET

Suite, Apt. #, etc.

1603

3. Mailing Address

600 NE 36 ST.

Suite, Apt. #, etc.

1603

City & State

MIAMI, FL

City & State

MIAMI FL

Zip

33137

Country

USA

Zip

33137

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0972488

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

AVENER, LESLIE CPA

1 S.E. 3RD AVE., 10TH FLOOR 600 NE 36 ST. #1603

MIAMI FL 33131 33137

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

Leslie Avener Leslie AVENER

01/11/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☒
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS AVENER, LESLIE CPA
 CITY-ST-ZIP 1 S.E. 3RD AVE., 10TH FLOOR 600 NE 36 ST. #1603
 MIAMI FL 33131 33137

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Leslie Avener Leslie AVENER

01/11/02

305-416-2404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)