

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000057526**1. Entity Name  
**JEFFREY L. FREEMAN, P.A.****Principal Place of Business**

11645 BISCAYNE BLVD STE 210

MIAMI  
33181

FL

**Mailing Address**

11645 BISCAYNE BLVD STE 210

MIAMI  
33181

FL

**2. Principal Place of Business**

666 NORTHEAST 125 STREET

Suite, Apt. #, etc.  
238City & State  
NORTH MIAMI

FL

Zip  
33161

Country

**3. Mailing Address**

666 NORTHEAST 125 STREET

Suite, Apt. #, etc.  
238City & State  
NORTH MIAMI

FL

Zip  
33161

Country

**4. FEI Number****65-1015987**

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****FREEMAN JEFFREY LESQ**  
11645 BISCAYNE BLVD STE 210MIAMI  
33181

FL

**7. Name and Address of New Registered Agent****Name****FREEMAN JEFFREY LESQ****Street Address (P.O. Box Number is Not Acceptable)**  
**666 NORTHEAST 125 STREET****SUITE 238****City**  
**NORTH 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 **JEFFREY L. FREEMAN**

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

(NOTE: Registered Agent signature required when reinstating)

**04/27/2001**

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, 2001 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**

TITLE	DPST	<input type="checkbox"/> Delete
NAME	<b>FREEMAN JEFFREY LESQ</b>	
STREET ADDRESS	<b>11645 BISCAYNE BLVD STE 210</b>	
CITY-ST-ZIP	<b>MIAMI FL 33181</b>	

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

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

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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DPST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FREEMAN JEFFREY LESQ</b>		
STREET ADDRESS	<b>666 NORTHEAST 125 STREET, STE. 238</b>		
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>		

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

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

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

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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	DPST	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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: Jeffrey L. Freeman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D

04/27/2001

Date

Daytime Phone #

CR2E034 (11/00)