

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State
 08-21-2001 90001 026 ***550.00

0045741 AV

DOCUMENT # P00000076163
1. Entity Name
 LEONARD STORCHEVOY, P.A. ✓

Principal Place of Business 9273 COLLINS AVENUE SUITE 1109
 SURFSIDE FL 33154
Mailing Address 9273 COLLINS AVENUE SUITE 1109
 SURFSIDE FL 33154

2. Principal Place of Business 13899 Biscayne Blvd
 Suite, Apt. #, etc. Suite 109
3. Mailing Address 9273 Collins Ave
 Suite, Apt. #, etc. Suite 1109
City & State North Miami Beach
 City & State Surfside FL
Zip 33181 **Country** USA **Zip** 33154 **Country** USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1035938 **Applied For** Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Name and Address of Current Registered Agent STORCHEVOY, LEONARD ESQ
 9273 COLLINS AVENUE SUITE 1109
 SURFSIDE FL 33154
7. Name and Address of New Registered Agent NONE
 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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PVD STORCHEVOY, LEONARD ESQ 9273 COLLINS AVENUE SUITE 1109 SURFSIDE FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED** 8/14/01 786-388-0900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)