

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90042 047 \*\*\*158.75

**DOCUMENT # P00000076856**

1. Entity Name

**LEILA G. PRESNER, P.A.**

Principal Place of Business

**1520 MERIDIAN AVENUE, NO. ONE  
MIAMI BEACH FL**

Mailing Address

**19 W. FLAGLER STREET, SUITE 210  
MIAMI FL**

2. Principal Place of Business

**542 NW 12th AVENUE**

Suite, Apt. #, etc.

3. Mailing Address

**542 NW 12th AVENUE**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI, FLORIDA**

4. FEI Number

**105-1049025**

Applied For

☐ Not Applicable

Zip

**33136**

Country

**USA**

Zip

**33136**

Country

**USA**

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PRESNER, LEILA G**

**19 WEST FLAGLER STREET, SUITE 210  
MIAMI FL**

7. Name and Address of New Registered Agent

Name

**Anthony Carbone, Esquire**

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

**542 NW 12th AVENUE**

City

**MIAMI, FLORIDA**

Zip Code

**33136**

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

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PRESNER, LEILA G ESQ.</b>	
STREET ADDRESS	<b>1520 MERIDIAN AVENUE, NO. ONE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESNER, LEILA G., ESQ.</b>	
STREET ADDRESS	<b>542 NW 12th AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33136</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0148185

CR2E034 (10/00)