

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90310 008 \*\*\*150.00

**DOCUMENT # P02000031328**

1. Entity Name  
**LEONARD ADLER HOLDINGS, INC.**



Principal Place of Business  
**6151 MIRAMAR PARKWAY  
SUITE 327  
MIRAMAR FL 33023-3998**

Mailing Address  
**6151 MIRAMAR PARKWAY  
SUITE 327  
MIRAMAR FL 33023-3998**

*NEW ADDRESS*

2. Principal Place of Business  
**12525 ORANGE DR**

3. Mailing Address  
**12525 ORANGE DR**

Suite, Apt. #, etc.  
**#706**

Suite, Apt. #, etc.  
**#706**

City & State  
**DAVIE, FL**

City & State  
**DAVIE FL**

Zip  
**33330**

Country  
**US**

Zip  
**33330**

Country  
**US**

4. FEI Number  
**610652523**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



## 6. Name and Address of Current Registered Agent

**GROSS, ILLENE S  
6151 MIRAMAR PARKWAY  
SUITE 327  
MIRAMAR FL 33023-3998**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**12525 ORANGE DRIVE #706**  
City **DAVIE** FL Zip Code **33330**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ADLER, LEONARD 6151 MIRAMAR PARKWAY, SUITE 327 MIRAMAR FL 33023-3998</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ADLER, MILLICENT E 10871 NW 3RD COURT PEMBROKE PINES FL 33026</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FEIERSTADT, BERNICE 1300 ST. CHARLES PLACE, APT. #417 PEMBROKE PINES FL 33026</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>12525 ORANGE DR #706 DAVIE, FL 33330</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: **ILLENE GROSS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/03 954 476 0408**  
Date Daytime Phone #

CR2E034 (10/02)