

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000005186

1. Entity Name

MICHAEL LESHAY PHOTOGRAPHY, INC.

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90045 043 \*\*\*150.00

Principal Place of Business

Mailing Address

1915 BRICKELL AVE  
C-1110  
MIAMI FL 33129  
US

9572 SW 57TH ST  
MIAMI FL 33173  
US

2. Principal Place of Business

3. Mailing Address

2333 Brickell Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

307

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33129

USA

4. FEI Number 65-0369717

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

GALLO, CARMEN M  
9572 SW 57TH ST  
MIAMI FL 33173

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME LESHAY, MICHAEL  
STREET ADDRESS 1915 BRICKELL AVE., STE C1110  
CITY-ST-ZIP MIAMI FL 33129

TITLE ☒ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 2333 Brickell Ave. #307  
CITY-ST-ZIP Miami, FL 33129

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 registered agent 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL LESHAY

Date

4/16/01

Daytime Phone #

305-8564913

CR2E034 (10/00)