## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED Feb 03, 2001 8:00 am Secretary of State DOCUMENT # **P94000022060** STENTON LEIGH BUSINESS RESOURCES INC. 02-03-2001 90287 037 \*\*\*150.00 Principal Place of Business Mailing Address 1900 CORPORATE BLVD 1900 CORPORATE BLVD SUITE 305-WEST SUITE 305-WEST **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0476115 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARBAROSH, MILTON H Street Address (P.O. Box Number is Not Acceptable) 1900 CORPORATE BLVD. SUITE 305- WEST **BOCA RATON FL 33431** 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE Delete TITLE ☐ Change ☐ Addition ENGEL, BURTON NAME NAME STREET ADDRESS 6479 VIA ROSA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE ☐ Delete TITI F NAME TUCKER, CHARLOTTE NAME STREET ADDRESS 2026 NEW CASTLE B STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE . Delete ---TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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 a address, with all other like er owered.

TITLE

NAME

STREET ADDRESS CITY-ST-7IP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Mitton H. Barbansh 1/9/01 561-241-9921

Change

Addition