2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 13, 2000 8:00 am Secretary of State DOCUMENT # **P94000057259** 1. Entity Name LEF INVESTMENTS, INC. 04-13-2000 90089 036 ***150 00 Principal Place of Business Mailing Address 2601 SOUTH BAYSHORE DR. 2601 SOUTH BAYSHORE DR. 19TH FLOOR 19TH FLOOR MIAMI FL 33133 MIAMI FL 33133-5419 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0511068 Not Applicable Zip Zip Country 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 COBER CORPORATE AGENTS INC Street Address (P.O. Box Number is Not Acceptable) 2601 SOUTH BAYSHORE DRIVE 19TH FLOOR MIAMI FL 33133 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE ☐ Delete TITLE ☐ Change ☐ Addition COHEN, JEFFREY M NAME NAME STREET ADDRESS 2601 S. BAYSHORE DR., 19TH FL. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** PD ☐ Delete Change ☐ Addition TITLE TITLE BERKE, MICHAEL A NAME 2601 S. BAYSHORE DR., 19TH FL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE MIAMI FL SD TITLE ☐ Change ☐ Addition TITLE ☐ Delete BERNSTEIN, RICHARD N NAME NAME STREET ADDRESS 2601 S. BAYSHORE DR., 19TH FL. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL [] Change ☐ Addition ☐ Delete TITLE TITLE KONDELL, KAREN P NAME NAME 2601 S. BAYSHORE DR., 19TH FL. STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Change ☐ Addition TITLE Delete TITLE BRODIE, STEVEN J NAME NAME STREET ADDRESS STREET ADDRESS 2601 S. BAYSHORE DR., 19TH FL. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 eath; 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.