

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**

06-06-2001 90007 011 \*\*\*150.00

**DOCUMENT # P94000075466**

1. Entity Name

**MANCHESTER LEEDS, CORP.**

Principal Place of Business

**2717 W. CYPRESS CREEK RD.  
 STE. #700  
 FT. LAUDERDALE FL 33309  
 US**

Mailing Address

**2717 W. CYPRESS CREEK RD.  
 STE. #700  
 FT. LAUDERDALE FL 33309  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0528451**

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

**CANTOR, SAMUEL J  
 6700 BROKEN SOUND PKWY. NW  
 SUITE 200  
 BOCA RATON FL 33487**

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.

(NOT)

Registered Agent's 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 **D** ☐ Delete  
 NAME **ROSE, STEVEN G**  
 STREET ADDRESS **2717 WEST CYPRESS CREEK ROAD**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Parker, David L.**  
 STREET ADDRESS **2717 West Cypress Creek Rd**  
 CITY-ST-ZIP **Fort Lauderdale, FL 33309**

TITLE **D** ☒ Delete  
 NAME **STICKLES, PHILIP**  
 STREET ADDRESS **2717 WEST CYPRESS CREEK ROAD**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Halikman, Jennifer**  
 STREET ADDRESS **2717 West Cypress Creek Rd**  
 CITY-ST-ZIP **Fort Lauderdale, FL 33309**

TITLE **D** ☒ Delete  
 NAME **HOOD, KAREN**  
 STREET ADDRESS **2717 WEST CYPRESS CREEK ROAD**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Lo, Christine**  
 STREET ADDRESS **2717 West Cypress Creek Rd**  
 CITY-ST-ZIP **Fort Lauderdale, FL 33309**

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 I, as an officer or director of the corporation or the receiver or trustee empowered to execute this report, have signed and filed this report, or on an attachment with an address, with all other like empowered

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 I, as an officer or director of the corporation or the receiver or trustee empowered to execute this report, have signed and filed this report, or on an attachment with an address, with all other like empowered

SIGNATURE:

*Christine Lo, Director*  
**CHRISTINE LO, DIRECTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER - DIRECTOR

**3/15/01 1-954-969-9509**  
 Date Daytime Phone #

CR2E034 (10/00)

Attachment  
A 0072691  
D# 09400075466

MANCHESTER LEEDS, CORP.  
2717 West Cypress Creek Road  
Ft. Lauderdale, FL 33309  
(954) 969-9509

To Whom It May Concern,

Pursuant to my phone conversation with Marie @ (850)- 488-9000, I am requesting you waive the late fees for the URB filing attached for Year 2001. To our surprise upon termination of our CFO we found the checks and forms had not been mailed on time. This unfortunate act by our ex-CFO was only recently found at which time I spoke to Marie at the aforementioned phone and she suggested I write this letter asking for you help and consideration.

Thanking you in advance,



David L. Parker  
Director