## 2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE AND TYPED OR PRINTE

## FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # P94000076180 LEOPOLD HOMES, INC. 05-15-2000 90187 009 \*\*\*150.00 Principal Place of Business Mailing Address 4565 NORTH OCEAN DRIVE 4565 NORTH OCEAN DRIVE LAUDERDALE BY THE SEA FL 33308-3679 LAUDERDALE BY THE SEA FL 33308 1. 130311 US 3. Mailing Address TWO WATLANTIC BLVB Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For SPRINGS 65-0537255 Not Applicable Country BROWARD \$8.75 Additional 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent----6. Name and Address of Current Registered Agent LEOPOLD DANTCO LEOPOLD, DANILO Street Address (P.O. Box Number is Not Acceptable) 4565 NORTH OCEAN DRIVE WATLANTIC BLVO # 928 LAUDERDALE BY THE SEA FL 33308 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) D A COPOLD MIRJANA, LEOPOLD □ Delete TITLE NAME 9250 W. ATLANTIC BLUD # 928 NAME STREET ADDRESS 4565 N. OCEAN DR. STREET ADDRESS CORAL SPRÍNGS FL 33071 CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308 ☐ Delete TITLE TITLE 9250 W.ATLANTIC BLUD #-928 NAME LEOPOLD, DANILO NAME STREET ADDRESS STREET ADDRESS 4565 N. OCEAN DR. DRAL SPRINGS FL 33071 CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308 ☐ Delete TITLE Change ☐ Addition TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 attackment with an address, with all other like empowered.