

2000 UNIFORM BUSINESS REPORT (UBR)

0567336

DOCUMENT # P95000020360

1. Entity Name

LEF/PALM-AIRE, INC.

FILED

00 FEB 14 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2601 S BAYSHORE DR STE 300-A MIAMI FL 33133-5417	Mailing Address ONE GREENWAY PLAZA SUITE 850 HOUSTON TX 77046-0196 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0591940	Applied For Not Applicable
Zip 33133-5413	Country USA	Zip 33133-5413	Country USA

6. Name and Address of Current Registered Agent FRIEDMAN, DAVID A 2601 S BAYSHORE DR STE 300-5417 MIAMI FL 33133- 5417 Suite 300-A Miami, Florida 33133-5413	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRIEDMAN, LEONARD E 848 BRICKELL AVE., SUITE 1120 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003145074-1 -02/23/00--01091--010 One Greenway Plaza, Suite 850 Houston, Texas 77046-0196 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS FRIEDMAN, DAVID A 848 BRICKELL AVE., SUITE 1120 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2601 South Bayshore Drive, Suite 300-A Miami, Florida 33133-5413 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAY, SANDRA ONE GREENWAY PLAZA SUITE 850 HOUSTON TX 77046-0102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV Sandra E. Ray Houston, Texas 77046-0196 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWINKE, DAVID L ONE GREENWAY PLAZA, SUITE 850 HOUSTON TX 77046-0102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Houston, Texas 77046-0196 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV Howard W. Thibaut One Greenway Plaza, Suite 850 Houston, Texas 77046-0196 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.

SIGNATURE: Sandra E. Ray **SANDRA E. RAY, SECRETARY AND VICE PRESIDENT** 1-18-00 **713-850-1850**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)