

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000025213**

1. Entity Name

LEEDS & COLBY, P.A.**FILED****Feb 21, 2000 8:00 am
Secretary of State**

02-21-2000 90032 002 ***150.00

715149

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**2950 SW 27TH AVE
SUITE 300
MIAMI FL 33133
US****2950 SW 27TH AVE
SUITE 300
MIAMI FL 33133-3765
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0573338

Applied For

Not Applicab

Zip

Country

Zip

Country

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

**FIELDSTONE, RONALD R
200 S BISCAYNE BLVD SUITE 2100
SUITE 1600
MIAMI FL 33131**

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.

(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) ☐**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. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LEEDS, SCOTT**
CITY-ST-ZIP **2950 SW 27 AVE SUITE 300**
MIAMI FL 33133TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **COLBY, JONATHAN**
CITY-ST-ZIP **2950 SW 27 AVE SUITE 300**
MIAMI FL 33133TITLE ☐ Change ☐ Addit
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/00

Date

(305)
567-1200

Daytime Phone #