

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082917

1. Entity Name

SOULE, LEAL & ASSOCIATES, P.A.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90047 015 ***150.00

Principal Place of Business

7515 W OAKLAND PK BLVD
100
FORT LAUDERDALE FL 33319
US

Mailing Address

7515 W OAKLAND PK BLVD
100
FORT LAUDERDALE FL 33319-4909
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

65-0614318

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

LEAL, ELIANA
7515 W OAKLAND PK BLVD
SUITE 102
FORT LAUDERDALE FL 33319

Name

Leal, ELIANA

Street Address (P.O. Box Number is Not Acceptable)

7515 W. Oakland Pk Blvd.

Suite 100

City

Ft. Lauderdale

FL

Zip Code

33319

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)

4/19/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SOULE, JAMES L
20511 SW 49TH CT.
FT. LAUDERDALE FL 33332

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
LEAL, ELIANA
7515 W. OAKLAND PK BLVD #103
FT. LAUDERDALE FL 33319

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
ELIANA LEAL
7515 W. Oakland Pk Blvd #100
Ft. Lauderdale, FL 33319
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/00 (954) 572-2121

CR2E034 (9/99)