

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90075 038 \*\*\*150.00

**DOCUMENT # P95000089511**

1. Entity Name  
**ANTHONY T. LEPORE ESQ., P.A.**

Principal Place of Business

~~18145 S.W. 5TH COURT~~  
**PEMBROKE PINES FL 33029**  
 US

Mailing Address

P.O. BOX 823662  
 SOUTH FLORIDA FL 33082-3662  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1890 NW 139 TERR**

Suite, Apt. #, etc.  
**Suite 200**

City & State  
**PEMBROKE PINES, FL**

Zip  
**33028**

Country  
**BROWARD**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0636175**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LEPORE, ANTHONY T**  
~~18145 S.W. 5TH COURT~~  
**PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent

Name **ANTHONY T. LEPORE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1890 NW 139 TERRACE**  
**Suite 200**  
 City **PEMBROKE PINES FL** Zip Code **33028**

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 **ANTHONY T. LEPORE**

**4/24/02**

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, 2002 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

TITLE **PD**  Delete  
 NAME **LEPORE, ANTHONY T**  
 STREET ADDRESS **18145 S.W. 5TH COURT**  
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  Change  Addition  
 NAME **LEPORE, ANTHONY T.**  
 STREET ADDRESS **1890 N.W. 139TH TERR SUITE 200**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 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 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: **ANTHONY T. LEPORE**

**4/24/02**

**954-433-2126**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)