## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000029749 1. Entity Name LEISHA, INC. Principal Place of Business Malling Address

870 NW 34TH STREET 1430 SW 85TH AVE. OAKLAND PARK, FL 33309 PEMBROKE PINES, FL 33025 A0078369 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0658416 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORDON, PETER & SONIA 1430 SW 85TH AVE. Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES, FL 33025 Zip Code FL 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 reinstaling) Signature, typed or printed name of registered agent and title if applicable FILE NOW!II FEE IS \$150.00 9. This corporation is eligible to satisfy-its-Intangible-10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change NAME GORDON, SONIA E STREET ADDRESS STREET ADDRESS PAMBROKE<sup>8</sup>PTHES, FL 330255 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition GORDON, PETER L NAME NAME 1430 SW 85TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES, FL 33025 Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

8 38 00 -

Daytime Phone #

Sep 15, 2000 8:00 am Secretary of State

09-15-2000 90014 032 \*\*\*150.00

R2E034 (9/99)

A0078369

Certified Public Accountants

The Chasyn Building 20401 N.W. 2nd Avenue, Suite **300** (State Road 441) Miami, Florida 33169 (305) 653-8865 (305) 653-8866 Fax: (305) 654-7751 Broward: 524-0122 watsonpa@aol.com watsonpa@bellsouth.com

August 29, 2000

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Leisha, Inc.

Document no. P96000029749

Dear Sir/Madam:

We are the Accountants and Power of Attorney for the above captioned corporation.

Pursuant to your letter dated August 14, 2000 (copy attached), enclosed, please find duly completed and signed 2000 Uniform Business Report along with check no. 2061 in the amount of \$150.00 as filing fee.

Kindly process the enclosed information as soon as possible and advise us accordingly.

Should you have any questions, please do not hesitate to contact the undersigned.

Sincerely,

WATSON & COMPANY, P.A.

radine Wilson

тог

Pamella B. Watson, CPA

President

PW/nw

enc.

cc: Leisha, Inc.