

# 2000 UNIFORM BUSINESS REPORT (UBR)

8

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90003 003 \*\*\*158.65

**DOCUMENT # P96000064996**

1. Entity Name

LEANDER PROPERTIES NV INC.

(R)

Principal Place of Business

4747 COLLINS AVENUE  
 #1216  
 MIAMI BEACH F: 33140

Mailing Address

4747 COLLINS AVENUE  
 #1216  
 MIAMI BEACH F: 33140

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0687236

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FELDSZTEJN, ABRAHAM  
 4747 COLLINS AVENUE  
 #1216  
 MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

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

Abraham Feldsztejn

07/31/00

(Signature of person or persons 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<input type="checkbox"/> Delete
NAME	FELDSZTEJN, ABRAHAM	
STREET ADDRESS	4747 COLLINS AVENUE #1216	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DE FELDSZTEON, LIDIA M B	
STREET ADDRESS	4747 COLLINS AVENUE #1216	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FELDSZTEON, SUSANA B	
STREET ADDRESS	4747 COLLINS AVENUE #1216	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FELDSZTEON, ARIEL M	
STREET ADDRESS	4747 COLLINS AVENUE #1216	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SOKOLOVICZ, JUDIT N	
STREET ADDRESS	4747 COLLINS AVENUE #1216	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED**

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (5/00)