

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077229

1. Entity Name

LESLIE C. GIDDINGS, INC.

Principal Place of Business

Mailing Address

12711 SOUTHWEST 66 TERRACE DRIVE  
MIAMI FL 33183

12711 SOUTHWEST 66 TERRACE DRIVE  
MIAMI FL 33158-1632

2. Principal Place of Business

7600 SW 141 ST

Suite, Apt. #, etc.

3. Mailing Address

7600 SW 141 ST

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33158

Country

MIAMI - DADE

Zip

33158

Country

MIAMI - DADE

4. FEI Number

65-0693986

Applied For

Not Applied For

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GIDDINGS, LESLIE CARLTON  
12711 SW 66TH TERRACE DRIVE  
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name LESLIE CARLTON GIDDINGS

Street Address (P.O. Box Number is Not Acceptable)  
7600 SW 141 ST

City MIAMI

FL

Zip Code 33158

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

TITLE PSTD  
NAME GIDDINGS, LESLIE C  
STREET ADDRESS 12711 SOUTHWEST 66 TERRACE DRIVE  
CITY-ST-ZIP MIAMI FL 33183 ☐ Delete

TITLE D  
NAME GIDDINGS, MARIA L  
STREET ADDRESS 12711 SOUTHWEST 66 TERRACE DRIVE  
CITY-ST-ZIP MIAMI FL 33183 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 #

FILED

Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90022 024 \*\*\*158.75

LUUUUUUU



DO NOT WRITE IN THIS SPACE

305-252-1999

1-3-2000