

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002271

1. Entity Name

JUDSON-LEIGH INTERIORS, INC.

Principal Place of Business

2200 SW 28TH ST.
COCONUT GROVE FL 33133

Mailing Address

2200 SW 28TH ST.
COCONUT GROVE FL 33156-4907

2. Principal Place of Business

11701 SW 61 COURT

3. Mailing Address

11701 SW 61 COURT

Suite, Apt. #, etc.

Pinecrest, Florida

Suite, Apt. #, etc.

Pinecrest, Florida

City & State

33156 USA

City & State

33156 USA

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BERMAN, BRUCE J
701 BRICKELL AVE., STE. 2100
MIAMI FL 33131

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

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 DP
NAME Berman, Susie L
STREET ADDRESS 2200 SW 28TH ST.
CITY-ST-ZIP COCONUT GROVE FL 33133 ☐ Delete

TITLE DVT
NAME Berman, Bruce J
STREET ADDRESS 701 BRICKELL AVE., STE. 2100
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME Berman, Susie L. ☒ Change ☐ Addition
STREET ADDRESS 11701 SW 61 COURT
CITY-ST-ZIP Pinecrest, Florida 33156

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90009 018 ***150.00

715383



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0716438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required