2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



DOCUMENT # P97000077613 1. Entity Name LESLEY ANNE WARREN, D.P.M., P.A.							Secretary of State 03-17-2003 90673 006 ***150.00			
Principal Place of Business 333 ARTHUR GODFREY RD SUITE 718 MIAMI BEACH FL 33140 US			Mailing Address 20505 E COUNTRY CLUB DR SUITE 636 AVENTURA FL 33180							
2. Principal Place of Business			3. Mailing Address					 	184 1 1 1 1 1	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	е	City	& State			4. FEI Number 65-0788447 Applied For Not Applicable				
Zip	Country	Zip		Country	-,,	5.	Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Curren	t Registere	d Agent			7. 1	Name and Address of New Registe	red Agent		
WARREN, LESLEY A 20505 E COUNTRY CLUB DR					Name Wappen, Lesley A. Street Address (P.O. Box Number is Not Acceptable)					
# 636					5206 GRANT ST.				ļ	
AVENTURA FL 33180					City Holly wood FL Zip Code 33021					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					signature required	d when re	9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
10.	OFFICERS AND	DIRECTO	RS	11.		AD	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
NAME STREET ADDRESS	D Warren, Lesley ann 20505 e Country Club Dr, S Aventura fl 33180	uite 636	☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIP			, Lesley Anne Rant ST. Ood, FC. 33021	☑ Change	☐ Addition }	
STREET ADDRESS	D Garcia, eric Ludwig 20505 e Country Club Dr, S Aventura fl 33180	UITE 636	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	D Gar SZD	cia,	, ERIC Ludwig BRANT ST. OOD. FC. 33021	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	sertify that the information supplied with		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP				Change	Addition	

I riereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Lesley Anne Wareen

Director

SIGNATURE:

3/3/03

(305)531-5446