

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094647

1. Entity Name

LEF/HOMESTEAD, INC.

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90030 024 \*\*\*158.75

0570095

646758



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2601 S BAYSHORE DR STE 300-A MIAMI FL 33133-5413 US</b>		Mailing Address <b>ONE GREENWAY PLAZA SUITE 850 HOUSTON TX 77046-0102 US</b>		<p><b>646758</b></p> <p>DO NOT WRITE IN THIS SPACE</p>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0798237</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FRIEDMAN, DAVID A 2601N S BAYSHORE DR STE 300-A MIAMI FL 33133-5413</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIEDMAN, LEONARD E		NAME		
STREET ADDRESS	ONE GREENWAY PLAZA, SUITE 850		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON FL 77046-0196		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIEDMAN, DAVID A.		NAME		
STREET ADDRESS	2601 SOUTH BAYSHORE DRIVE, SUITE 300-A		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133-5413		CITY-ST-ZIP		
TITLE	SV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAY, SANDRA E.		NAME		
STREET ADDRESS	ONE GREEN WAY PLAZA, SUITE 850		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77046-0196		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWINKE, DAVID L.		NAME		
STREET ADDRESS	ONE GREENWAY PLAZA, SUITE 850		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77046-0196		CITY-ST-ZIP		
TITLE	TV <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THIBAUT, HOWARD W		NAME		
STREET ADDRESS	ONE GREENWAY PLAZA, SUITE 850		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77046-0196		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Sandra E. Ray</u> March 22, 2001 713-850-1850 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (10/00)