

2000 UNIFORM BUSINESS REPORT (UBR)

066733

DOCUMENT # P97000100946

1. Entity Name

LEF/PLAZA WEST, INC.

FILED

00 FEB 14 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2601 S BAYSHORE DR
STE 300-A
MIAMI FL 33133-5417

ONE GREENWAY PLAZA SUITE 850
HOUSTON TX 77046-0196

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0798252

Applied For

Not Applicable

Zip

33133-5413

Country

USA

Zip

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEDMAN, DAVID A

~~848 BRICKELL AVENUE SUITE 1120~~ 2601 South Bayshore Drive
MIAMI FL ~~33131~~

Suite 300-A

Miami, Florida 33133-5413

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)

600003145076--4

-02/23/00-01091-011

DATE ****158.75 ****158.75

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	FRIEDMAN, LEONARD E	
STREET ADDRESS	848 BRICKELL AVENUE SUITE 1120	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	V	<input type="checkbox"/> Delete
NAME	FRIEDMAN, DAVID A	
STREET ADDRESS	848 BRICKELL AVENUE SUITE 1120	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAY, SANDRA E	
STREET ADDRESS	ONE GREENWAY PLAZA, SUITE 850	
CITY-ST-ZIP	HOUSTON FL 77046-0102	
TITLE	T	<input type="checkbox"/> Delete
NAME	SWINKE, DAVID L	
STREET ADDRESS	ONE GREENWAY PLAZA, SUITE 850	
CITY-ST-ZIP	HOUSTON FL 77046-0102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	One Greenway Plaza, Suite 850	
CITY-ST-ZIP	Houston, Texas 77046-0196	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2601 South Bayshore Drive, Suite 300-A	
CITY-ST-ZIP	Miami, Florida 33133-5413	
TITLE	SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Houston, Texas 77046-0196	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Houston, Texas 77046-0196	
TITLE	TV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howard W. Thibaut	
STREET ADDRESS	One Greenway Plaza, Suite 850	
CITY-ST-ZIP	Houston, Texas 77046-0196	
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.

SANDRA E. RAY, SECRETARY AND VICE PRESIDENT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-00
Date

713-850-1850

Daytime Phone #

CR2E034 (9/99)

SP