

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90394 046 ***150.00

DOCUMENT # P99000065802

1. Entity Name
BARBARA T. LEEDS LCSW, P.A.

Principal Place of Business
3400 NORTH EAST 192ND STREET
UNIT 2111
AVENTURA FL 33180

Mailing Address
3400 NORTH EAST 192ND STREET
UNIT 2111
AVENTURA FL 33180



2. Principal Place of Business

3. Mailing Address

1011 IVES DAIRY RD
 Suite, Apt. #, etc.
BLDG 2, STE 208

1011 IVES DAIRY RD
 Suite, Apt. #, etc.
BLDG 2, STE 208

City & State
NO. MIAMI BEACH, FL

City & State
NO. MIAMI BEACH, FL

Zip
33179 Country
USA

Zip
33179 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0936252**

Applied For
 Not Applicable

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSTD LEEDS, BARBARA T
3400 NORTH EAST 192ND STREET UNIT 2111
AVENTURA FL 33180

TITLE
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☐ Change ☐ Addition

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☐ 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: Barbara T. Leeds LCSW, P.A.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 2002
 Date Daytime Phone #

CR2E034 (9/01)