FILED

METERENT 8/1/01 954-465-40

## **2001 UNIFORM BUSINESS REPORT (UBR)**

of the corporation or the receiver or changed, or on an attachment with

## Aug 07, 2001 8:00 am Secretary of State DOCUMENT # P99000066916 1. Entity Name LEB COMMUNICATIONS, INC. 08-07-2001 90018 039 \*\*\*550.00 Principal Place of Business Mailing Address 12651 SOUTHWEST 16TH COURT 12651 SOUTHWEST 16TH COURT **LINIT 314 UNIT 314** PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027 2. Principal Place of Business 3. Mailing Address 2701 N. OCEAN 2701 N. OCEAN Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0937069 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEB, KEN 12651 SW 16TH CT #314 PEMBRŐKE PINES FL 33027 Zip Cod 308 AUDELDALE 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PSTD** TITLE PSTD ☐ Delete TITLE CR2E034 (5/01) ☐ Addition NAME leb, kënneth a CEB, Kenneth A 2701 N. OCEAN Buld NAME 12651 SOUTHWEST 16TH COURT STREET ADDRESS STREET ADDRESS 12C CITY-ST-ZIP PEMBROKE PINES FL 33027 CiTY-ST-ZIP Fr. LAUDINALE TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change \* ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete\_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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