

2001, UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90403 037 ***150.00

DOCUMENT # P99000089011

1. Entity Name

LEFFCO ENTERPRISES, INC.

Principal Place of Business

7770 W. OAKLAND PARK BLVD.
 SUITE 480
 SUNRISE FL 33351

Mailing Address

7770 W. OAKLAND PARK BLVD.
 SUITE 480
 SUNRISE FL 33351

2. Principal Place of Business

13790 NW 4th ST
 Suite, Apt. #, etc.

3. Mailing Address

13790 NW 4th Street
 Suite, Apt. #, etc.

112

112

City & State

SUNRISE FL

City & State

Sunrise, FL

Zip

33325 FLA

Zip

33325 USA

6. Name and Address of Current Registered Agent

KOPELOWITZ, BRIAN
 8751 WEST BROWARD BLVD.
 SUITE 408
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name Laura Zebersky
 Street Address (P.O. Box Number is Not Acceptable)
1776 N. Pine Island Rd
308
 City Plantation FL 33322

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]
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/8/01
 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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEFF, BRADLEY	
STREET ADDRESS	7770 W. OAKLAND PARK BLVD. SUITE 480	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZEBERSKY, JUDD	
STREET ADDRESS	7770 W. OAKLAND PARK BLVD. SUITE 480	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEFF, PATRICIA	
STREET ADDRESS	7770 W. OAKLAND PARK BLVD. SUITE 480	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leff Bradley	
STREET ADDRESS	13790 NW 4 th Street #112	
CITY-ST-ZIP	SUNRISE, FL 33325	
TITLE	Zebersky, Judd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13790 NW 4 th Street #112	
CITY-ST-ZIP	SUNRISE, FL 33325	
TITLE	Leff Patricia	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13790 NW 4 th Street #112	
CITY-ST-ZIP	SUNRISE, FL 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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.

SIGNATURE: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/01
 DATE
 954-845-0800
 Daytime Phone #

CR2E034 (10/00)