

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000091904

1. Entity Name

LEATHER & COMFORT OF PEMBROKE PINES INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90057 018 \*\*\*150.00

Principal Place of Business

800 BRICKELL AVE. SUITE 902  
MIAMI FL 33131

Mailing Address

800 BRICKELL AVE. SUITE 902  
MIAMI FL 33131-2966

2. Principal Place of Business

1401 Brickell Ave

Suite, Apt. #, etc.

SUITE 700

City & State

MIAMI FL

Zip

33131

Country

USA

3. Mailing Address

1401 Brickell Ave

Suite, Apt. #, etc.

SUITE 700

City & State

MIAMI FL

Zip

33131

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALDMAN, GLEN H  
800 BRICKELL AVE, SUITE 902  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Waldman, Glen, H. Esq.  
Street Address (P.O. Box Number is Not Acceptable)

1401 Brickell Ave

City & State

MIAMI FL

Zip

33131

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, 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

TITLE PD  
NAME GUY, DAVE  
STREET ADDRESS 800 BRICKELL AVE, SUITE 902  
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME GUY, Dennis  
STREET ADDRESS 1401 Brickell Ave, Suite 700  
CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)