

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000103444

1. Entity Name

LAURENCE S. LEDER, D.P.M., P.A.

Principal Place of Business

2829 INDIAN CREEK DRIVE, #1103
MIAMI BEACH FL 33140

Mailing Address

2829 INDIAN CREEK DRIVE, #1103
MIAMI BEACH FL 33140

2. Principal Place of Business

8600 S.W. 92 STREET

3. Mailing Address

8600 SW 92 STREET

Suite, Apt. #, etc.

SUITE 201-A

Suite, Apt. #, etc.

SUITE 201-A

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33176

Country

MIAMI DADE

Zip

33176

Country

MIAMI DADE

4. FEI Number

65-0967786

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

LEDER, NATHAN I
5200 BLUE LAGOON DRIVE
SUITE 600
MIAMI FL 33126

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS LEDER, LAURENCE S D.P.M.
CITY-ST-ZIP 2829 INDIAN CREEK DRIVE, #1103
MIAMI BEACH FL 33140

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: x **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90012 039 ***550.00

00004761



DO NOT WRITE IN THIS SPACE

CR2E194 (5/00)