

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

09-11-2000 90012 039 \*\*\*550.00

**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**

00004761



DO NOT WRITE IN THIS SPACE

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**

4. FEI Number  
**65-0967786**

Applied For  
 Not Applicable

Zip  
**33176**

Country  
**MIAMI DADE**

Zip  
**33176**

Country  
**MIAMI DADE**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D LEDER, LAURENCE S D.P.M.</b>	<b>2829 INDIAN CREEK DRIVE, #1103</b>	<b>MIAMI BEACH FL 33140</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

x *7/26/00*  
Date Daytime Phone #

CR2E194 (5/00)