

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S12271

1. Entity Name

LEFCOURT, BILLIG, TIKTIN & YESNER, P.A.

Principal Place of Business

2100 PONCE DE LEON BLVD. #800  
CORAL GABLES FL 33134

Mailing Address

2100 PONCE DE LEON BLVD. #800  
CORAL GABLES FL 33134-5207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0229938

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

LEFCOURT, JEFFREY  
6756 SW 89 TERRACE  
MIAMI FL 33156

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DV	<input type="checkbox"/> Delete
NAME	YESNER, JACK I.	
STREET ADDRESS	7800 SW 132 CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LEFCOURT, JEFFREY	
STREET ADDRESS	6756 S.W. 89 TERRACE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BILLIG, ROBERT	
STREET ADDRESS	2111 NE 205 ST.	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SARBAY, DAVID	
STREET ADDRESS	405 DUNWOODY LANE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	TIKTIN, STEVEN	
STREET ADDRESS	6950 SW 98 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input checked="" 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		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK I. YESNER

Date

Daytime Phone #

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90046 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E 0.14 (9/93)