

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2004 8:00 am
Secretary of State

05-05-2004 90245 004 ***150.00

DOCUMENT # 581507
1. Entity Name
LEONARD GERSTEIN ASSOCIATES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4467 BOCAIRE BLVD.
Suite, Apt. #, etc.

3. Mailing Address
4467 BOCAIRE BLVD.
Suite, Apt. #, etc.

City & State
BOCA RATON, FL.

City & State
BOCA RATON, FL.

Zip
33487 Country

Zip
33487 Country

66428346

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0287618

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name LAWRENCE J. MARCH BANKS

Street Address (P.O. Box Number is Not Acceptable)
4500 N. FEDERAL HIGHWAY

SUITE 101-E

City BOCA RATON FL Zip Code 33431

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. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is \$160.00
After May 1, Fee is \$560.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE <u>PRESIDENT</u>	TITLE	DO NOT WRITE IN THIS SPACE
NAME <u>ESTHER GERSTEIN</u>	NAME	
STREET ADDRESS <u>4467 BOCAIRE BLVD</u>	STREET ADDRESS	
CITY - ST - ZIP <u>BOCA RATON, FL. 33487</u>	CITY - ST - ZIP	
TITLE	TITLE	
NAME	NAME	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X Esther Gerstein Date 4/30/04 Daytime Phone # 561-241-3359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR