

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90407 011 \*\*\*158.75

DOCUMENT # **V04583**

1. Entity Name  
**CENTER FOR CORPORATE LEADERSHIP, INC.**



Principal Place of Business  
**606 N OLIVE AVE  
FIRST FLOOR  
WEST PALM BEACH FL 33401  
US**

Mailing Address  
**606 N OLIVE AVE  
FIRST FLOOR  
WEST PALM BEACH FL 33401  
US**



2. Principal Place of Business  
**215 N Olive Ave**

3. Mailing Address  
**215 N Olive Ave**

Suite, Apt. #, etc.  
**118**

Suite, Apt. #, etc.  
**118**

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

Zip  
**33401**

Country  
**USA**

Zip  
**33401**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0305421**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**HOCHBERG, ROBERT N  
525 S FLAGLER DRIVE  
APT 6A  
WEST PALM BEACH FL 33401**

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

SIGNATURE **Robert N. Hochberg** **ROBERT N. HOCHBERG** 4/10/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD HOCHBERG, ROBERT N 525 S FLAGLER DR APT 6A WEST PALM BEACH FL 33401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

**4/10/03 561/653-0100**  
Date Daytime Phone #

CR2E034 (10/02)