

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90024 016 ***150.00

DOCUMENT # P00000055919

1. Entity Name
LEYLAND-JONES, INC.

Principal Place of Business
2699 S. BAYSHORE DR., 5TH FLOOR
MIAMI FL 33133

Mailing Address
2699 S. BAYSHORE DR., 5TH FLOOR
MIAMI FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1001 Brickell Bay Drive Suite, Apt. #, etc. Ninth Floor City & State Miami, Florida	3. Mailing Address 1001 Brickell Bay Drive Suite, Apt. #, etc. Ninth Floor City & State Miami, Florida
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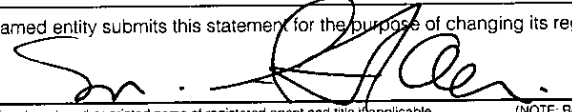
4. FEI Number 65-1022191	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 33131	Country USA	Zip 33131	Country USA
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FARRA, MIGUEL G
2699 S. BAYSHORE DRIVE
MIAMI FL 33133

7. Name and Address of New Registered Agent
 Name-
Farra, Miguel G.
 Street Address (P.O. Box Number is Not Acceptable)
1001 Brickell Bay Drive
Ninth Floor
 City
Miami **FL** Zip Code
33131

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 **4/1/02**
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 \$150.00
After May 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LEYLAND-JONES, BRYAN 2699 S. BAYSHORE DR., SUITE 500 MIAMI FL 33133
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition Leyland-Jones, Bryan 1001 Brickell Bay Drive, Ninth Flr Miami, Florida 33131
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
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

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:  DATE **April 16, 2002** DAYTIME PHONE # **5148138074**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (9/01)