

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90008 037 ***150.00

DOCUMENT # P98000100809

1. Entity Name
LEISECA SYSTEMS, INC.

Principal Place of Business
9655 S DIXIE HWY. SUITE 113
MIAMI FL 33156

Mailing Address
9655 S DIXIE HWY. SUITE 113
MIAMI FL 33156-2813

00044001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0879407**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

LEISECA, EDUARDO
9655 S DIXIE HWY, SUITE 113
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 _____ 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 \$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 Delete
 NAME **D LEISECA, EDUARDO**
 STREET ADDRESS **5132 SW 127TH CT**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LEISECA, CARIDAD P**
 STREET ADDRESS **5132 SW 127TH CT**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LEISECA, EDUARDO JR**
 STREET ADDRESS **5132 SW 127TH CT**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LESISECA, MAURICIO**
 STREET ADDRESS **9655 S DIXIE HWY, SUITE 113**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE Change Addition
 NAME
 STREET ADDRESS **5132 SW 127 CT**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

3-21-00

305-661-6556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)