

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 09, 2001 08:00 AM****Secretary of State****DOCUMENT # A00000002071**1. Entity Name  
**LEAD INTERNATIONAL LTD.**

Principal Place of Business	Mailing Address
C/O FERNANDO TELLEZ 1390 SOUTH DIXIE HIGHWAY, GABLES WATERWAY CORAL GABLES FL 33146	C/O FERNANDO TELLEZ 1390 SOUTH DIXIE HIGHWAY, GABLES WATERWAY CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number

**65-1064097**

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

SAAVEDRA JOSE AESQ.  
1428 BRICKELL AVE., 8TH FLOORMIAMI FL  
33131 US

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 **04/09/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record. **106,250.00**10. Amount of Capital Contributions  
in FLORIDA to date. **106,250.00****11. MAKE CHECK PAYABLE TO DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION****A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	LEAD INTERNATIONAL INC.	1390 SOUTH DIXIE HIGHWAY	FL 33146
		CORAL GABLES	

STREET ADDRESS	CITY-ST-ZIP
1390 SOUTH DIXIE HIGHWAY, SUITE 2208	
CORAL GABLES	FL 33146

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STREET ADDRESS	CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Fernando Tellez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Pres 04/09/2001

Date

Daytime Phone #

CR2E003 (11/00)