

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

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90085 001 ***300.00

DOCUMENT # *F98000003467*

1. Entity Name

Le@P Technology, inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5601 N. Dixie Highway

3. Mailing Address
5601 N. Dixie Highway

Suite, Apt. #, etc.
Suite 411

Suite, Apt. #, etc.
Suite 411

DO NOT WRITE IN THIS SPACE

City & State
Ft. Lauderdale, Florida

City & State
Ft. Lauderdale, Florida

4. FEI Number
65-0769296

Applied For
Not Applicable

Zip
33334

Country
U.S.A.

Zip
33334

Country
U.S.A.

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
UT Corporation

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH LINE ISLAND ROAD

City *PLANTATION* *FL* Zip Code *33324*

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
*President, Director
Tancredi, Robert G.
5601 N. Dixie Highway, #411
Ft. Lauderdale, Florida 33334*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Chairman
M. Lee Pearce, M.D.
5601 N. Dixie Highway, Suite 411
Ft. Lauderdale, FL 33334*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Director
Valle, Jose
Same address as above*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Director
Brody, Laurence
Same address as above*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Director
Lincoln, Timothy
Same address as above*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowerment.

SIGNATURE:

Robert G. Tancredi PRES. *4-29-02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/01)