

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004943

1. Entity Name

UNILEADER, INC.

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90013 015 \*\*\*550.00

Principal Place of Business

C/O ROSENDO ROCHE  
3191 CORAL WAY, SUITE 624  
MIAMI FL 33145

Mailing Address

C/O ROSENDO ROCHE  
3191 CORAL WAY, SUITE 624  
MIAMI FL 33145

2. Principal Place of Business

2401 Douglas Rd.

3. Mailing Address

2401 Douglas Rd.

Suite, Apt. #, etc.

MIAMI - FL

Suite, Apt. #, etc.

MIAMI - FL

City & State

City & State

4. FEI Number

65-0947402

~~APPLIED FOR~~

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, VICTOR M  
200 SOUTH BISCAYNE BLVD., SUITE 4900  
MIAMI FL 33131

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.

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) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
PSTD  
ROCHE, ROSENDO  
3191 CORAL WAY, SUITE 624  
MIAMI FL 33145 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
SOMAN, ROGER  
3191 CORAL WAY, SUITE 624  
MIAMI FL 33145 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ARRACHEA, JAVIER  
3191 CORAL WAY, SUITE 624  
MIAMI FL 33145 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
PECCENINI, LUIGI  
TORRE MAPFRE, MARINA, 16-18, 18TH FLOOR  
BARCELONA 08005, SPAIN ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
2401 Douglas Rd  
MIAMI - FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
2401 Douglas Rd.  
MIAMI - FL - 33145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
2401 Douglas Rd  
MIAMI - FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
ROSENDO ROCHE  
PRES.

7/9/00  
Date

305-790-1155  
Daytime Phone #