

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90213 012 \*\*\*150.00

**DOCUMENT # K33044**

1. Entity Name  
**LEADERSHIP MOTORS EXPORTS, INC.**



Principal Place of Business  
% **CLAUDE ALTVATTER**  
**20335 TIERRA DEL SOL COURT**  
**BOCA RATON FL 33498-3757**

Mailing Address  
**551 NE 27TH STREET**  
**STE D**  
**POMPANO BEACH FL 33064**

2. Principal Place of Business  
**507 NE 27th street**

3. Mailing Address  
**20380 Pineapple Walk Drive**

Suite, Apt. #, etc.

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City & State  
**Pompano Beach**

City & State  
**Pompano Beach**

Zip **33064** Country **USA**

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0073773**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent **33433**

7. Name and Address of New Registered Agent

**ALTVATTER, CLAUDE**  
**20335 TIERRA DEL SOL CT.**  
**BOCA RATON FL 33498**

Name **CLAUDE ALTVATTER**  
Street Address (P.O. Box Number is Not Acceptable)  
**20380 Pineapple Walk Drive**  
City **BOCA RATON** **FL** Zip Code **33433**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D</b> <b>ALTVATTER, CLAUDE</b> <b>20335 TIERRA DEL SOL CT.</b> <b>BOCA RATON FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **2/17/03** **561-213-1777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)