

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90232 028 ****50.00

DOCUMENT # L99000000859

1. Entity Name

LEADING EDGE TECHNOLOGY GROUP, L.L.C.

Principal Place of Business

**300 S. PINE ISLAND RD., STE. 210
FT. LAUDERDALE FL 33324**

Mailing Address

**300 S. PINE ISLAND RD., STE. 210
FT. LAUDERDALE FL 33324**

2. Principal Place of Business

8412 NW 47th St.

Suite, Apt. #, etc.

3. Mailing Address

4613 University Drive

Suite, Apt. #, etc.

#103

City & State

Coral Springs, FL

Zip

33067

Country

USA

City & State

Coral Springs, FL

Zip

33067

Country

USA

4. FEI Number

65-0894126

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEVER, D. JEFFREY
8412 NW 47TH ST
CORAL SPRINGS FL 33067**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
DEVER, JEFFREY D
8412 N.W. 47TH STREET
CORAL SPRINGS FL 33067** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
PEREZ, HUGO
480 N.W. 161 AVE.
PEMBROKE PINES FL 33028** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GUTIERREZ, GARY O
4131 LAUREL RIDGE CIRCLE
WESTON FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

10. ADDITIONS/CHANGES

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

TITLE
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NATURE:

DECLARATION

4/10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)