

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001507

1. Entity Name  
UNILEADER, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 17 PM 1:25

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2401 DOUGLAS ROAD

Suite, Apt. #, etc.

3. Mailing Address

2401 DOUGLAS ROAD

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

4. FEI Number

65-0852781  
APPLIED FOR

Applied For

Not Applicable

Zip

33145

Country

MIAMI-DADE

Zip

33145

Country

MIAMI-DADE

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, VICTOR M  
C/O WHITE & CASE LLP  
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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

700003334977-3  
-07/25/00--01052--003  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME UNILEADER, INC.  
STREET ADDRESS 3191 CORAL WAY, SUITE 624  
CITY-ST-ZIP MIAMI FL 33145

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME UNILEADER, INC.  
STREET ADDRESS 2401 DOUGLAS ROAD  
CITY-ST-ZIP MIAMI FL 33145

☒ Change ☐ Addition

TITLE FS. MGRM  
NAME ROCHE, ROSENDO  
STREET ADDRESS 2401 DOUGLAS ROAD  
CITY-ST-ZIP MIAMI FL 33145

☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

*[Signature]*  
ROSENDO ROCHE  
PRES

7/9/00 305-790-1155

Date

Daytime Phone #

CR2E083 (5/00)