

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008109

1. Entity Name
LEADER INTERNATIONAL GROUP, INC.

Principal Place of Business Mailing Address
1240 SOUTH DIXIE HWY. 1240 SOUTH DIXIE HWY.
CORAL GABLES FL 33146 CORAL GABLES FL 33146

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. 1510 Alton Road
City & State Miami Beach FL.
Zip 33139. Country U.S.A.

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90079 019 ***150.00

80054632



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARULANDA, JUAN
1240 SOUTH DIXIE HWY.
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name MARULANDA, Juan
Street Address (P.O. Box Number is Not Acceptable) 1510 Alton Road
City Miami Beach FL Zip Code 33139.

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]* DATE 04-30-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	MARULANDA, JUAN	
STREET ADDRESS	1240 SOUTH DIXIE HWY.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	OLARTE, MAURICIO	
STREET ADDRESS	1240 SOUTH DIXIE HWY.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CORTES, MARIA	
STREET ADDRESS	1240 SOUTH DIXIE HWY.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARULANDA, MILDRED	
STREET ADDRESS	1240 SOUTH DIXIE HWY.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARULANDA, MILDRED	
STREET ADDRESS	1510 Alton Road	
CITY-ST-ZIP	MIAMI BEACH, FL. 33139.	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARULANDA, Mildred	
STREET ADDRESS	1510 Alton Road	
CITY-ST-ZIP	MIAMI BEACH FL. 33139.	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sierra Jennifer	
STREET ADDRESS	1510 Alton Road.	
CITY-ST-ZIP	MIAMI BEACH FL. 33139.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* DATE 04-30-2001 DAYTIME PHONE 305-6492000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0184098

CR2E034 (10/00)