

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90084 045 \*\*\*150.00

**DOCUMENT # P00000008109**

**1. Entity Name**  
**LEADER INTERNATIONAL GROUP, INC.**

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

**Mailing Address**  
**1510 ALTON ROAD**  
**MIAMI FL 33139**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-0975964**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



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

**MARULANDA, JUAN**  
**1510 ALTON ROAD**  
**MIAMI FL 33139**

**7. Name and Address of New Registered Agent**

Name  
**SIERRA VIRGILIO**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/27/02**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE ☐ Delete  
 NAME **PD MARULANDA, JUAN**  
 STREET ADDRESS **1240 SOUTH DIXIE HWY.**  
 CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete  
 NAME **VPD MARULANDA, MILDRED**  
 STREET ADDRESS **1510 ALTON ROAD**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☒ Delete  
 NAME **SD MARULANDA, MILDRED**  
 STREET ADDRESS **1510 ALTON ROAD**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☒ Delete  
 NAME **TD SIERRA, JENNIFER**  
 STREET ADDRESS **1510 ALTON ROAD**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
 NAME **Secretary**  
 STREET ADDRESS **Marulanda, Juan**  
 CITY-ST-ZIP **1510 Alton road.**  
**miami Beach FL 33139.**

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

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

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

TITLE ☐ Change ☒ Addition  
 NAME **PD**  
 STREET ADDRESS **sierra virgilio.**  
 CITY-ST-ZIP **1510 Alton road.**  
**miami Beach FL 33139.**

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04-30-02 3056041415**

CR2E034 (9/01)