

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90302 007 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000036121

1. Entity Name
LEADER INTERNATIONAL ANTIQUES, INC.



Principal Place of Business
ATTN: Ayman Ramadan
3625-A SOUTH DALE MABRY HWY
TAMPA, FL 33629

Mailing Address
ATTN: Ayman Ramadan
3625-A SOUTH DALE MABRY HWY
TAMPA, FL 33629

90102594



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
4017 S. Dale Mabry Hwy
Suite, Apt. #, etc.

3. Mailing Address
Same as #2
Suite, Apt. #, etc.

City & State
Tampa, FL

City & State

4. FEI Number
59-3650254

Applied For
Not Applicable

Zip
33611

Country
Hillsborough

Zip

Country

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

6. Name and Address of Current Registered Agent

RAMADAN, AYMAN
4017 SOUTH DALE MABRY HWY
TAMPA, FL 33611

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. 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's 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

TITLE P ☐ Delete
NAME RAMADAN, AYMAN
STREET ADDRESS 4747 WEST WATERS AVENUE APT 2408
CITY-ST-ZIP TAMPA, FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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, with all other like empowered.

SIGNATURE: AYMAN R

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-03

Date

Daytime Phone #

CR2E034 (10/02)