2001 UNIFORM BUSINESS REPORT (UBR)

Apr 05, 2001 8:00 am Secretary of State DOCUMENT # P00000043402 1. Entity Name LEDAKON AMERICAS, INC. 03-27-2001 90007 025 ***150.00 Principal Place of Business Mailing Address 100 S.E. 2ND STREET 100 S.E. 2ND STREET **SUITE 2350 SUITE 2350** MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State FEI Number City & State 1014700 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZAIAC, MANUEL Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2ND STREET **SUITE 2350 MIAMI FL 33131** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees : · (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. CR2E034 (10/00) Change ☐ Addition ☐ Dalete TITLE TITLE AKERMAN LARAM 6701 NW 7 STREET \$156 LEDERMAN, LARRY AKERMAN NAME NAME STREET ADDRESS 2950 N.W. 75TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33122 Change ☐ Addition ☐ Delete TITLE ALBOMAN, SAMMY 6701 NW 7 STREET \$156 AKERMAN, SAMMY NAME NAME STREET ADDRESS 2950 N.W. 75TH AVENUE STREET ADDRESS CITY-ST-ZIP 33126 PVA CITY-ST-ZIP MIAMI FL 33122 Change ☐ Addition TITLE TITLE . Delete ALEMAN BENJANDO. AKERMAN, BERNARDO NAME NAME STREET ADDRESS 2950 N.W. 75TH AVENUE STREET ADDRESS 33126 CITY-ST-ZIP PU CITY-ST-ZIP **MIAMI FL 33122** MIAMI. Change Addition ☐ Delete TITLE MILE NAME ALERMAN NAME 7 steeft +756 6701 22 STREET ADDRESS STREET ADDRESS CITY-51-ZIF CITY-ST-7IP ☐ Addition ☐ Chance ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 eath; 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 D OR PRINTED NAM