FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachme

SIGNATURE:

## Mar 05, 2001 8:00 am DOCUMENT # P00000099179 **Secretary of State** 1. Entity Name LEELA GEMS CORP. 03-05-2001 90003 035 \*\*\*158.75 Principal Place of Business Mailing Address 2742 BISCAYNE BLVD 2742 BISCAYNE BLVD MIAMI FL 33137 **MIAMI FL 33137** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-106 2486 Not Applicable ' Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **B & C CORPORATE SERVICES, INC.** Street Address (P.O. Box Number is Not Acceptable) 201 S BISCAYNE BLVD. STE 3000 **MIAMI FL 33131** City 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) 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) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE ☐ Addition ☐ Delete ANGEL CURRI, MIGUEL NAME NAME CURRI, MIGUEL ANGEL STREET ADDRESS AV. PADRE PEREYA DE ANDRADE 545 B-203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAO PAULO, BRAZIL SP DVP ☐ Change ☐ Delete **K** Addition NAME NAME CORRADI, FEDERICO A. STREET ADDRESS STREET ADDRESS 2742 BISCAYNE BLVD CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33137 ---TITLE TITLE ☐ Change ★ Addition NAME NAME VARSANO, ELIEZER F. STREET ADDRESS STREET ADDRESS 2742 BISCAYNE BLVD CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33137 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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