

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
 05-12-2002 90642 047 ***150.00

DOCUMENT # P00000100638

1. Entity Name
WORK LEADER CORP.

Principal Place of Business
5190 NW 167 STREET
204
HIALEAH FL 33014

Mailing Address
5190 NW 167 STREET
204
HIALEAH FL 33014

2. Principal Place of Business

3. Mailing Address

3150 NE 212 st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
AVENTURA, FL.

4. FEI Number **65-1050256**

Applied For
 Not Applicable

Zip

Country

Zip
33180

Country
DADE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUZMAN, MARIO I
9010 SOUTHWEST 137TH AVE STE 206
MIAMI FL 33186

Name
SERBER DANIEL
 Street Address (P.O. Box Number is Not Acceptable)
2875 NE 191 st.
SUITE 801
 City
AVENTURA **FL** Zip Code
33180

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

04.23.02

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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPVS WEINSTEIN, RICARDO L 5190 NW 167TH STREET STE 204 MIAMI FL 33014 <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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
SIGNATURE: (DPVS)

04/23/02 (305) 466 2736
 Date Daytime Phone #

0138344 AV

CR2E034 (9/01)