

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2003 8:00 am
Secretary of State

07-15-2003 90022 001 ***150.00

0153199 FP

DOCUMENT # P00000100638

1. Entity Name
WORK LEADER CORP.



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

Mailing Address
3150 NE 212 AVE
MIAMI FL 33180



2. Principal Place of Business

3. Mailing Address

2875 NE 191st, street

2875 N.E. 191 street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 400A

Suite # 400A

City & State

City & State

AVENTURA, FL

AVENTURA, FL

Zip

Country

Zip

Country

33180

USA

33180

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1050256

Applied For

Not Applicable

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

SEBER, DANIEL
2875 ME 191ST
STE 801
MIAMI FL 33186

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVS
WEINSTEIN, RICARDO L
5190 NW 167TH STREET STE 204
MIAMI FL 33014

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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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:

SIGNATURE REC'D (DPVS)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/03

(305) 935-6955

Date

Daytime Phone #

CR2E034 (4/03)



Work Leader Corp.
ARCHITECTURE & DEVELOPMENT

Attachment #

90143099

July 11, 2003

RE: Document# P00000100638

To Whom It May Concern:

I would like to request a waive on the penalty fee due to the fact that we had not received the UBR form this past May and now we received it with the penalty fee.

I did not receive it because the mailing address was incorrect on the form, although I have sent on the 4/23/02 a UBR form with the correct mailing address, but it was not corrected.

Enclosed please find a check for \$150.00 for the year 2003.

Please send us a letter or confirmation regarding this matter so we know.

If you have any questions, please give me a call at: 305-935-6955 (Monica Saul)

Regards,

Ricardo Weinstein