

# 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 21, 2001 8:00 am Secretary of State

05-21-2001 90364 029 \*\*\*150.00

DOCUMENT # **P0000010438**

1. Entity Name

**LEAD SAT CORP**

**N/C 1-10-01**

**A0070972**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Approved For	
501 BRICKELL KEY DR SUITE 505 MIAMI, FL 33131		501 BRICKELL KEY DR SUITE 505 MIAMI, FL 33131		65-1065701		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>JORGE MARTINEZ</b> <b>501 BRICKELL KEY DR</b> <b>SUITE 505</b> <b>MIAMI, FL 33131</b>				Name Street Address (P.O. Box Number is Not Acceptable) 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-registering)

9. Trustee's profession, occupation or trade to satisfy its obligation	10. Election Campaign Financing Trust Fund Contribution
<input type="checkbox"/>	<input type="checkbox"/> \$5.00 May be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2001	
TITLE <b>D</b> <b>MARTINEZ, JORGE</b> <b>501 BRICKELL KEY DRIVE, STE. 505</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

13. I, the undersigned, certify that the information supplied in this filing does not qualify for the exemption stated in Section 190.07(2)(a), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am duly qualified to execute this report or required by Chapter 507, Florida Statutes, and that my name appears in the public records of this state or in an attachment thereto in accordance with all other like empowered.

SIGNATURE: **X** \_\_\_\_\_ DATE: **5/1/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR