

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-29-2002 90125 008 ***150.00

DOCUMENT # P01000054893

1. Entity Name

LEADER AUTO SALES U.S.A., INC.

Principal Place of Business

Mailing Address

12521 SW 252 TERRACE
PRINCETON FL 3303212521 SW 252 TERRACE
PRINCETON FL 33032

2. Principal Place of Business

951 NW 3rd Ave

3. Mailing Address

Suite, Apt. #, etc.

Box #7

Suite, Apt. #, etc.

City & State

FLA City Florida

City & State

Zip

33034

Country

Dade

Zip

Country

4. FEI Number

65-1109039

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

AGUILAR, JULIO A
12521 SW 252 TERRACE
PRINCETON FL 33032

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.

SIGNATURE

Signature, Type and Print Name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State10. 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

| | | | | | |
|--|---|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD AGUILAR, JULIO A 12521 SW 252 TERRACE PRINCETON FL 33032 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD NICOLAS, DANI 10511 SW 108 AVE #F-284 MIAMI FL 33178 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD AGUILAR, MIRIAM J 12521 SW 252 TERRACE PRINCETON FL 33032 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 TYPE OF OFFICE TITLE NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/02 (303)
242-9600

CR2E034 (9/01)