

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90176 011 \*\*\*150.00

**DOCUMENT # P02000032979**

1. Entity Name  
**LEADDEX GROUP, INC.**



Principal Place of Business  
**2501 BRICKELL AVE APT 908  
MIAMI FL 33129**

Mailing Address  
**2501 BRICKELL AVE APT 908  
MIAMI FL 33129**

**55005744**



2. Principal Place of Business  
**700 ATLANTIS RD**

3. Mailing Address  
**700 ATLANTIS RD**

Suite, Apt. #, etc.  
**208**

Suite, Apt. #, etc.  
**208**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Melbourne - FL**

City & State  
**Melbourne - FL**

4. FEI Number  
**04-3633383**

Applied For  
☐ Not Applicable

Zip  
**32904**

Country  
**Brevard**

Zip  
**32904**

Country  
**Brevard**

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

6. Name and Address of Current Registered Agent

**COLUCCILO, STEFANIA  
5324 TAY COURT  
MELBOURNE BEACH FL 32951**

7. Name and Address of New Registered Agent

Name **JAVIER, PERALTA RAMOS**

Street Address (P.O. Box Number is Not Acceptable)

**202 oceanway DR  
Melbourne Beach**

City

**FL**

Zip Code

**32951**

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.

**Javier, Peralta Ramos**

(NOTE: Registered Agent signature required when reinstating)

**01.13.03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D COLUCCILO, STEFANIA  
5324 TAY COURT  
MELBOURNE BEACH FL 32951** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/M Javier, Peralta Ramos  
202 oceanway DR  
Melbourne Beach FL 32951** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED: Javier, Peralta Ramos**

**01.13.03**

**(321) 768-2324**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)