

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029979

1. Entity Name

LEDDS INTERNATIONAL, INC.

FILED

Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90022 001 ***272.50

Principal Place of Business

Mailing Address

NW 48TH ST.
POMPA NO BEACH FL 33073
US

6850 NINETEEN MILE ROAD
STERLING HEIGHTS MI 48314-2113

10705



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0486546

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MANCINI, DANIEL C.
2601 NORTHWEST 48TH STREET
POMPA NO BEACH FL 33073

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, typed or printed 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, 2000 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

TITLE VPD
NAME MANCINI, DANIEL C
STREET ADDRESS 2601 NORTHWEST 48TH STREET
CITY-ST-ZIP POMPA NO BEACH FL 33073 ☐ Delete

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

TITLE ASD
NAME MANCINI, DAVID A
STREET ADDRESS 2601 NORTHWEST 48TH STREET
CITY-ST-ZIP POMPA NO BEACH FL 33073 ☐ Delete

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

TITLE PD
NAME JANKOWSKI, PAUL C JR.
STREET ADDRESS 6850 NINETEEN MILE ROAD
CITY-ST-ZIP STERLING HEIGHTS MI 48314 ☐ Delete

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

TITLE STD
NAME JANKOWSKI, LISA M
STREET ADDRESS 6850 NINETEEN MILE ROAD
CITY-ST-ZIP STERLING HEIGHTS MI 48314 ☐ Delete

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

TITLE D
NAME MANCINI, STEVEN M
STREET ADDRESS 6850 NINETEEN MILE ROAD
CITY-ST-ZIP STERLING HEIGHTS MI 48314 ☐ Delete

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

TITLE D
NAME MANCINI, EDWARD A
STREET ADDRESS 6850 NINETEEN MILE ROAD
CITY-ST-ZIP STERLING HEIGHTS MI 48314 ☐ Delete

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

Date

Daytime Phone #

CR2E034 (9/99)