

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90126 024 \*\*\*150.00

DOCUMENT # P94000029979

1. Entity Name

LEDDS INTERNATIONAL, INC.

Principal Place of Business

2601 NW 48TH ST.  
POMPANO BEACH FL 33073  
US

Mailing Address

6850 NINETEEN MILE ROAD  
STERLING HEIGHTS MI 48314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0486546

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MANCINI, DANIEL C.  
2601 NORTHWEST 48TH STREET  
POMPANO BEACH FL 33073

7. Name and Address of New Registered Agent

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, 2001 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

TITLE VPD  
NAME MANCINI, DANIEL C  
STREET ADDRESS 2601 NORTHWEST 48TH STREET  
CITY-ST-ZIP POMPANO BEACH FL 33073 ☐ Delete

TITLE ASD  
NAME MANCINI, DAVID A  
STREET ADDRESS 2601 NORTHWEST 48TH STREET  
CITY-ST-ZIP POMPANO BEACH FL 33073 ☐ Delete

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

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP

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

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 (10/00)