

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000015049

1. Entity Name
LEON TECHNOLOGIES, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90018 010 ***558.75

Principal Place of Business

10297 NW 53 ST.
SUNRISE FL 33351
US

Mailing Address

10297 NW 53 ST.
SUNRISE FL 33351
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LEON, DAN
8300 N.W. 46TH COURT
LAUDERHILL FL 33351

7. Name and Address of New Registered Agent

Name

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

10297 NW 53 STREET

City

SUNRISE

FL

Zip Code

33351

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 *Daniel Leon* DANIEL LEON PRESIDENT

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **P** ☐ Delete
NAME **LEON, DAN**
STREET ADDRESS **8300 N.W. 46 COURT**
CITY-ST-ZIP **LAUDERHILL FL**

TITLE **V** ☐ Delete
NAME **LEON, LAUREN**
STREET ADDRESS **8300 N.W. 46 COURT**
CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **LEON, DAN**
STREET ADDRESS **10297 NW 53 STREET**
CITY-ST-ZIP **SUNRISE, FLORIDA 33351**

TITLE **V** ☒ Change ☐ Addition
NAME **LEON, LAUREN**
STREET ADDRESS **10297 NW 53 STREET**
CITY-ST-ZIP **SUNRISE, FLORIDA 33351**

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

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: *Daniel Leon* DANIEL LEON PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-00

Date

954-572-8406

Daytime Phone #

CR2E034 (5/00)