2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 05, 2003 8:00 am
Secretary of State
05-09-2003 90145 026 ***150.00

55046417

DOCUMENT # P95000034271

1. Entity Name
LEAO INTERNATIONAL INC.

Principal Place of Business	Mailing Address
2333 BRICKELL AVE 1416 708 MIAMI FL 33129 US	2333 BRICKELL AVE 1416 708 MIAMI FL 33129 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2333 BRICKELL AVE	2333 BRICKELL AVE
Suite, Apt. #, etc. 708	Suite, Apt. #, etc. 708
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33129 Country US	Zip 33129 Country US

4. FEI Number 65-0578681 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEAO, CRISTIANE
2333 BRICKELL AVE 1416
MIAMI FL 33129

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAO, VIVIANE 2333 BRICKELL AVE. 1416 MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAO, CRISTIANE 2333 BRICKELL AVE. 708 MIAM FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cristiane Leao SIGNATURE REQUIRED 05/06/03 305-856-7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 55046417 [redacted]
#P95000034271

From: Leao International, Inc.
Cristiane Leao
2333 Brickell Ave. Suite 708
Miami, Florida 33129 USA

To: Divisions of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Miami, May 6, 2003

To whom it may concern,

I was out of the country for four (4) months and just returned yesterday, May 5th.

Unfortunately I was not able to return sooner due to some business issues that needed to be resolved overseas.

Therefore, I would like to be waived the late payment fee due to these circumstances.

I greatly appreciate your understanding for this matter.

Sincerely,

Cristiane Leao

LEAO INT'L, INC.
Cristiane Leao
Executive Director, MSIE