FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 22, 2002 8:00 am § Secretary of State P96000013379 DOCUMENT # 1. Entity Name 04-22-2002 90252 013 \*\*\*150.00 LEADER TECH INTERNATIONAL, INC. Principal Place of Business Mailing Address 7925 NW 12 ST 7925 NW 12 ST 225 MIAMI FL 33126 MIAMI FL 33126 LIS US 2. Principal Place of Business 3. Mailing Address 8260 NW 27th St 8260 NW. 27+55+ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. # 407 # 407 City & State Applied For 4. FEI Number City & State 65-0643124 Mami Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SANTOS, JOSE A JR ESQ Street Address (P.O. Box Number is Not Acceptable) 1221 BRICKELL AVE 21 ST FLOOR MIAMI FL 33131 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE CEBALLOS, JORGE W NAME NAME STREET ADDRESS 13335 N.W. 8TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33182 Addition TITLE TITLE ☐ Delete NAME NAME DIAZ, JOSE R STREET ADDRESS STREET ADDRESS 151 CRANDON BL #622 CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** DIRECTOR Addition ☐ Change ☐ Delete TITLE TITLE ZOZAYA, JOSE R. NAME NAME 1229 COMENTA CIRC STREET ADDRESS STREET ADDRESS WESTON, FL, 33326 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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

CITY-ST-ZIP