

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042713

1. Entity Name

LEADING EDGE EXPORTERS, INC.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90367 004 ***150.00

0501037

Principal Place of Business Mailing Address
2500 S W 107TH AVENUE SUITE 26
MIAMI FL 33165 MIAMI FL 33165

769297

2. Principal Place of Business 2870 SW 137ct
Suite, Apt. #, etc. 2870 SW 137ct
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL. City & State MIAMI FL
Zip 33175. Country USA. Zip 33175. Country USA.
4. FEI Number 65-0762265 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RAMJATTAN, CLIVE
2500 SW 107TH AVE
SUITE 26
MIAMI FL 33165
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]* DATE 5/1/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMJATTAN, CLIVE 2870 SW 137TH CT MIAMI FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MEERA RAMJATTAN 2870 SW 137ct MIAMI FL 33175. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, and all other like empowered.

SIGNATURE: *[Signature]* DATE 5/1/01 - (305) 223-8805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)