

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90259 004 \*\*\*150.00

**DOCUMENT # P99000036747**

1. Entity Name  
**LEAD GR TECHNOLOGIES, INC.**

Principal Place of Business C/O HECTOR I. GESSA 31 NW 24TH AVENUE MIAMI FL 33125	Mailing Address C/O HECTOR I. GESSA 31 NW 24TH AVENUE MIAMI FL 33125
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1536 ROBBIA AVE</b>	3. Mailing Address <b>1536 Robbia Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CORAL GABLES - FL</b>	City & State <b>Coral Gables Fl.</b>
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4. FEI Number <b>65-0910053</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip <b>33146</b>	Country <b>USA</b>	Zip <b>33146</b>	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  
**GESSA, HECTOR I**  
**31 NW 24TH AVENUE**  
**MIAMI FL 33125**

7. Name and Address of New Registered Agent  
 Name: **GESSA, HECTOR I**  
 Street Address (P.O. Box Number is Not Acceptable):  
**1536 ROBBIA AVE.**  
 City: **Coral Gables.** FL Zip Code: **33146**

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: DATE: **1/29/01**  
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. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GESSA, HECTOR I</b> <b>31 NW 24TH AVENUE</b> <b>MIAMI FL 33125</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GESSA, HECTOR I</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1536 ROBBIA AVE</b> <b>Coral Gables. Fl. 33146</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE: **1/29/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)