

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90145 002 \*\*\*150.00

**DOCUMENT # P99000036747**

1. Entity Name

**LEAD GR TECHNOLOGIES, INC.** ✓

Principal Place of Business

**1536 ROBBIA AVE  
MIAMI FL 33146**

Mailing Address

**1536 ROBBIA AVE  
MIAMI FL 33146**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0910053**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****GESSA, HECTOR  
1536 ROBBIA AVE  
CORAL GABLES FL 33145**

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

**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, 2002 Fee 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GESSA, HECTOR I**  
CITY-ST-ZIP **1536 ROBBIA AVE**  
**CORAL GABLES FL 33145**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)



1536 Robbia Ave.  
Coral Gables FL 33146  
Tel.: (305) 500-6414

Attachment

978399  
P99 000036747

August 05, 2002

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

Dear Sirs,

In accordance to our last Friday telephone communication, please find enclosed our check for \$150.00, referred to due payment as for the document also to be found enclosed.

The reason for the delay observed in this payment was that the original check issued on 01.29.2002 was apparently lost by the Post Office. As a matter of fact, all the checks inserted in the mailbox on that date never were received in their destinations.

We sincerely appreciate your understanding and sympathy in this matter.

Should you have any further questions, please do not hesitate to contact our firm at (786) 273-4019 or (305) 668-9781.

Sincerely,



Hector Gessa  
Lead GR Technologies, Inc.  
President