

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90040 001 \*\*\*150.00

**DOCUMENT # S53481**

1. Entity Name  
**LEYTON HOLDINGS, INC.**

Principal Place of Business <del>150 ALHAMBRA CIRCLE</del> <del>717 PONCE DE LEON BLVD. STE 317</del> <del>CORAL GABLES FL 33134</del> US	Mailing Address * <del>150 ALHAMBRA CIRCLE</del> <del>717 PONCE DE LEON BLVD. STE 317</del> <del>CORAL GABLES FL 33134</del> US
---	---

2. Principal Place of Business C/O Jose A. Rodriguez, P.A. <del>150 Alhambra Circle</del> Suite, Apt. #, etc. Suite 1270	3. Mailing Address Jose A. Rodriguez, P.A. <del>150 Alhambra Circle</del> Suite, Apt. #, etc. Suite 1270
City & State Miami, Florida	City & State Miami, Florida
Zip 33134	Country U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0347447</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <del>GONZALEZ, MIGUEL M.</del> <del>717 PONCE DE LEON BLVD.</del> <del>SUITE 317</del> <del>CORAL GABLES FL 33134</del>	7. Name and Address of New Registered Agent Name Jose A. Rodriguez, P.A. Street Address (P.O. Box Number is Not Acceptable) 150 Alhambra Circle, Suite 1270 City Coral Gables, FL Zip Code 33134
---	---

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: 4/23/01

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. <input type="checkbox"/> (See criteria on back)	<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"/> \$5.00 May Be Added to Fees
---	---	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LOPEZ, HORACIO A		NAME Lopez, Horacio A.	
STREET ADDRESS 717 PONCE DE LEON BLVD, STE 317		STREET ADDRESS 150 Alhambra Circle, Suite 1270	
CITY-ST-ZIP CORAL GABLES FL 33134		CITY-ST-ZIP Coral Gables, Florida 33134	
TITLE D	<input type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LOPEZ, CARLOS A		NAME Lopez, Carlos A.	
STREET ADDRESS 717 PONCE DE LEON BLVD, STE 317		STREET ADDRESS 150 Alhambra Circle, Suite 1270	
CITY-ST-ZIP CORAL GABLES FL 33134		CITY-ST-ZIP Coral Gables, Florida 33134	
TITLE	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Lopez, Claudio P.	
STREET ADDRESS		STREET ADDRESS 150 Alhambra Circle, Suite 1270	
CITY-ST-ZIP		CITY-ST-ZIP Coral Gables, Florida 33134	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: DATE: 4/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/0/00)