2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90159 013 ***150.00

DOCUMENT # S53481

1. Entity Name
LEYTON HOLDINGS, INC.

Principal Place of Business	Mailing Address
% JOSE A. RODRIGUEZ, P.A. 150 ALHAMBRA CIRCLE. STE 1270 MIAMI FL 33134 US	% JOSE A. RODRIGUEZ. P.A. 150 ALHAMBRA CIRCLE. STE 1270 MIAMI FL 33134 US c/o A. F. Alentado Asso. c/o A F. Alentado - Assoc.
2. Principal Place of Business 1149 S.W. 27th AVENUE	3. Mailing Address 1149 S.W. 27th AVENUE
Suite, Apt. #, etc. Suite 203	Suite, Apt. #, etc. Suite 203
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip / Country 33135 / USA	Zip / Country 33135 / USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0347447 ☐ Applied For ☐ Not Applicable

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
RODRIGUEZ, JOSE A 150 ALHAMBRA CIRCLE SUITE 1270 CORAL GABLES FL 33134	Name: Antonio Alentado Street Address (P.O. Box Number is Not Acceptable): 1149 S.W. 27th Avenue Suite 203 City: Miami, Florida FL Zip Code: 33135

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 _____ 4-23-02
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) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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	PD LOPEZ, HORACIO A 150 ALHAMBRA CIRCLE, STE 1270 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Lopez, Horacio A 1149 S.W. 27th Avenue, Suite 203 Miami, FL. 33135	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LOPEZ, CARLOS A 150 ALHAMBRA CIRCLE, STE 1270 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Lopez, Carlos A 1149 S.W. 27th Avenue, Suite 203 Miami, FL. 33135	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LOPEZ, CLAUDIO P 150 ALHAMBRA CIRCLE, STE 1270 CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, Di Lopez, Claudio P 1149 S.W. 27th Avenue, Suite 203 Miami, FL. 33135	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: SIGNATURE RECEIVED _____ Director's 4/18/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)