

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90159 030 ***158.75

DOCUMENT # K50545

1. Entity Name

BETTER LEASING, INC.

Principal Place of Business

Mailing Address

13940 SW 136 ST
 100
 MIAMI FL 33186

13940 S.W. 136TH ST.
 SUITE 100
 MIAMI FL 33186-5541
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0087737

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

DUART, REGINA
14471 SW 161ST STREET
MIAMI FL 33177

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, 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 \$150.00
After MAY 1, 2000 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 | S | <input type="checkbox"/> Delete |
| NAME | BENITEZ, SILVIA | |
| STREET ADDRESS | 14920 SW 167TH STREET | |
| CITY-ST-ZIP | MIAMI FL 33187 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | DUART, CARLOS | |
| STREET ADDRESS | 14471 SW 161 STREET | |
| CITY-ST-ZIP | MIAMI FL 33177 | |
| TITLE | PC | <input type="checkbox"/> Delete |
| NAME | DUART, REGINA | |
| STREET ADDRESS | 14471 SW 161 STREET | |
| CITY-ST-ZIP | MIAMI FL 33177 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | BENITEZ, VICTOR A. | |
| STREET ADDRESS | 14920 SW 167TH CT | |
| CITY-ST-ZIP | MIAMI FL 33187 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 information.

SIGNATURE: *Silvia Benitez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000 *(305) 235-5098*
 Date Daytime Phone #

CR2E034 (9/99)