

2002

4/1

FILED
May 12, 2002 8:00 am
Secretary of State

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

04-10-2002 90034 022 ***150.00

DOCUMENT # P99000047667 STATE

1. Entity Name
FEDERAL LEASING AND CAR SALES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1800 NE 114TH ST
Suite, Apt. #, etc. 1707
City & State N MIAMI FLA
Zip 33181 Country DADE

3. Mailing Address
1800 NE 114TH ST
Suite, Apt. #, etc. 1707
City & State N MIAMI FLA
Zip 33181 Country DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0933182

5. Certificate of Status Desired Applied For
 Not Applicable
\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MOORE RICHARD A
Street Address (P.O. Box Number is Not Acceptable) 1 NE 2ND AVE SUITE 200
City MIAMI FL Zip Code 33132

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 _____
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<u>D DUBROFSKY HARRY 1800 NE 114TH ST APT # 1707 N MIAMI FLA 33181</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: H. Dubrofsky A. DUBROFSKY Date 4/22/2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)