

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

*Page 1 of 2*

DOCUMENT # *P99000407869*  
1. Entity Name  
*Value Leasing Company Inc.*

FILED

02 AUG -5 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
500007016695--9  
-08/09/02--01020--023  
\*\*\*300.00 \*\*\*300.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*20801 Biscayne Blvd*  
Suite, Apt. #, etc.  
*#403*  
City & State  
*Aventura, FL*  
Zip  
*33180*  
Country

3. Mailing Address  
*20801 Biscayne Blvd*  
Suite, Apt. #, etc.  
*#403*  
City & State  
*Aventura, FL*  
Zip  
*33180*  
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
*65-0968107*  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
*Kleiman, Morris*  
Street Address (P.O. Box Number is Not Acceptable)  
*1602 Aton Rd.*  
*#494*  
City  
*M. Beach* FL Zip Code  
*33139*

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 *Morris Kleiman* DATE *8/2/02*  
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)

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	<i>(P) Morris Kleiman 1602 Aton Rd. #494 M. Beach, FL 33139</i>
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**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: *Morris Kleiman* DATE *8/2/02*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Prop Lett*

# Value Leasing Company, Inc.

Aventura Corporate Center 604-7930

20801 Biscayne Blvd. Suite 403 • Aventura FL 33180 • Tel: 305-932-3089 • Fax: 305-534-9376

7/31/02

To: Florida Department of State,  
Gentlemen:

The Reaster Business Report was  
not filed as I did not receive one.  
I am a senior citizen working few  
hours a week.  
Please wave my late fees.

Thank you  
Monte  
Monte