

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

04 JAN 30 PM 12:32

DOCUMENT # P99000107809



1. Entity Name  
**VALUE LEASING COMPANY, INC.**

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT 03-04**

2. Principal Place of Business <b>20801 BISCAYNE BLVD</b> Suite, Apt. #, etc. <b>Suite 403</b>		3. Mailing Address <b>Same</b> Suite, Apt. #, etc.	
City & State <b>AVENTURA FL</b>		City & State	
Zip <b>33180</b>	Country <b>PADE</b>	Zip	Country

4. FEI Number **05-0968107**  Applied For No. 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 **MORRIS KLEIMAN**

Street Address (P.O. Box Number is Not Acceptable) **1602 ALTON AD #484**

City **MIAMI 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. I am familiar with, and I accept the obligations of registered agent.

SIGNATURE *Morris Kleiman* DATE **1/26/04**

SIGNATURE (Typed or Printed Name of Registered Agent and (if applicable) NOTE: Registered Agent signature required when reinstating)

Initial Fee: May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>PRES. MORRIS KLEIMAN #499 1602 ALTON AD MIAMI BEACH FL 33139</b>	<b>300028309223 02/05/04--01063--023 ***300</b>
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12. 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 10 on an attachment with an address, with all other like empowered.

SIGNATURE: *Morris Kleiman* DATE: **1/26/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date On time P.M. or A.M.

CR-2510-3-01 (12-02)

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314


TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DONT HESITATE TO CONTACT ME.

CORDIALLY,



MORRIS KLEIMAN  
PRESIDENT