

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

0696639

DOCUMENT # P00000074973

1. Entity Name
ALL IN ONE LEASING SYSTEMS INC.

01-19-2001 90068 036 ***150.00

Principal Place of Business P.O. BOX 924972 MIAMI FL 33092-4972	Mailing Address P.O. BOX 924972 MIAMI FL 33092-4972
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>P.O. BOX 924972</i> Suite, Apt. #, etc.	3. Mailing Address <i>P.O. BOX 924972</i> Suite, Apt. #, etc.
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City & State <i>MIAMI, FL.</i>	City & State <i>MIAMI, FL.</i>	4. FEI Number <i>65-1031613</i>	Applied For Not Applicable
Zip <i>33092-4972</i>	Country <i>DADE</i>	Zip <i>33092-4972</i>	Country <i>DADE</i>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HERNANDEZ, JOSE E 224 WASHINGTON AVE. SUITE 2 HOMESTEAD FL 33030	7. Name and Address of New Registered Agent Name <i>HERNANDEZ, JOSE E.</i> Street Address (P.O. Box Number is Not Acceptable) <i>27435 DELAWARE ROAD</i> City <i>HOMESTEAD</i> FL Zip Code <i>33033</i>
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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 *Jose E. Hernandez* **JOSE E. HERNANDEZ PRESIDENT** *01-09-2001*
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, JOSE E P.O. BOX 924972 MIAMI FL 33092-4972	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D HERNANDEZ, JOSE E. P.O. BOX 924972 MIAMI, FL. 33092-4972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 employees.

SIGNATURE: *Jose E. Hernandez* **JOSE E. HERNANDEZ** *01-09-2001* *305 248-4681*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)