

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

AT

DOCUMENT # **P00000074973**

1. Entity Name
ALL IN ONE LEASING SYSTEMS INC.

02-13-2002 90125 042 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P.O. BOX 924972 **P.O. BOX 924972**
MIAMI FL 33092-4972 **MIAMI FL 33092-4972**

2. Principal Place of Business 3. Mailing Address
116 N. HOMESTEAD BLVD **P.O. BOX 924972**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
16

City & State City & State
HOMESTEAD, FL. **MIAMI, FL.**
 Zip Zip Country Country
33030 **33092-4972** **USA** **USA**

4. FEI Number Applied For
65-1031613 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HERNANDEZ, JOSE E
29435 DELAWARE RD
HOMESTEAD FL 33033

7. Name and Address of New Registered Agent
 Name **HERNANDEZ, JOSE E.**
 Street Address (P.O. Box Number is Not Acceptable)
116 N. HOMESTEAD BLVD. #16
 City **HOMESTEAD** FL Zip Code **33030**

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 Hernandez* **JOSE E. HERNANDEZ, PRES** DATE **01/24/2002**
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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HERNANDEZ, JOSE E P.O. BOX 924972 MIAMI FL 33092-4972 <input type="checkbox"/> Delete
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, SECRETARY/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOSE E. HERNANDEZ 116 N. HOMESTEAD BLVD #16 HOMESTEAD, FL 33030
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	

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 empowered.

SIGNATURE: *Jose Hernandez* **JOSE E. HERNANDEZ** DATE **01/24/02** Daytime Phone # **305-216-1663**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE034 (9/01)