

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

02-13-2002 90125 042 \*\*\*150.00

REC-0002 AT

**DOCUMENT # P00000074973**

1. Entity Name

**ALL IN ONE LEASING SYSTEMS INC.**

Principal Place of Business

P.O. BOX 924972  
 MIAMI FL 33092-4972

Mailing Address

P.O. BOX 924972  
 MIAMI FL 33092-4972



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

116 N. HOMESTEAD BLVD  
 Suite, Apt. #, etc.  
 #16

3. Mailing Address

P.O. BOX 924972  
 Suite, Apt. #, etc.

City & State  
 HOMESTEAD, FL.

Zip  
 33030

Country  
 USA

City & State  
 MIAMI, FL.

Zip  
 33092-4972

Country  
 USA

4. FEI Number

65-1031613

Applied For

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 E. Hernandez*  
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JOSE E. HERNANDEZ, PRES 01/24/2002

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 PSD  
 STREET ADDRESS HERNANDEZ, JOSE E  
 CITY-ST-ZIP P.O. BOX 924972  
 MIAMI FL 33092-4972 ☐ Delete

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME PRESIDENT, SECRETARY ☐ Change ☐ Addition  
 STREET ADDRESS JOSE E. HERNANDEZ  
 CITY-ST-ZIP 116 N. HOMESTEAD BLVD #16  
 HOMESTEAD, FL 33030 ☐ Change ☐ Addition

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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 E. Hernandez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/24/02 301-216-1663

Daytime Phone #

CRS034 (9/01)