## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 201654** 1. Entity Name

## UNITED STATES AUTO LEASING CORP.

Principal Place of Business Mailing Address P. O. BOX 1706 P. O. BOX 1706 **CORAL GABLES FL 33134** CORAL GABLES FL 33134

## **FILED** May 12, 2000 8:00 am Secretary of State 05-12-2000 90006 019 \*\*\*150.00



2. Principal Place of Business  Suite, Apt. #, etc.  City & State			3. Mailing Address  Suite, Apt. #, etc.  City & State			_	DO NOT WRITE IN THIS SPACE				
						<b>4.</b> F	4. FEI Number 59-0815804			pplied For	
Zip	Zip Country Zi			Zip Country			5. Certificate of Status Desired See Required				
	6. Name and Addres	ss of Current Re	gistered Agent	L	Τ	7. 1	Name and Address of New Re		<u>·</u>		
			<u> </u>		Name		<u> </u>		<del>-</del>		
WILLIAM J. HARTNETT 1720 HARRISON ST. HOLLYWOOD FL 33020					Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Cod	le	
SIGNIATI IRE	named entity submits the				ed office or regi		ent, or both, in the State of Flor	ida.			
9. This corpo	oration is eligible to satisf equirement and elects to ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St			10	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
11. OFFICERS AND DIRECTORS 12.						AD	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	IS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARTNETT,WILLIAM 1720 HARRISON ST HOLLYWOOD FL		☐ Delete	1			·		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				,		Change	☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			□ Delete				-		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
indicated of the cor	on this report or supplent poration or the receiver of	nental report is tru er trustee empowe	e and accurate and that r	ny signa as requi	ture shall have t	he same !	119.07(3)(i), Florida Statutes, I legal effect as if made under o da Statutes; and that my name	ath: that I a	m an office	r or director	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR