

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 565639

1. Entity Name

STANDARD LEASING CORP.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90030 043 ***150.00

Principal Place of Business

Mailing Address

141 NE 24 ST.
MIAMI FL 33137

P. O. BOX 440996
MIAMI FL 33144-0996

2. Principal Place of Business

3. Mailing Address

141 NE 24 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33137

US

4. FEI Number

59-1799436

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIRANDA, ARNALDO
410 FLUVIA AVE.
CORAL GABLES FL 33134

Name

ARNOLD MIRANDA

Street Address (P.O. Box Number is Not Acceptable)

410 FLUVIA AVE

City

CORAL GABLES,

FL

Zip Code

33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

ARNALDO MIRANDA PRESIDENT

1/6/99

DATE

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, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	MIRANDA, ARNALDO	
STREET ADDRESS	410 FLUVIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MIRANDA, ARNOLD	
STREET ADDRESS	410 FLUVIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MIRANDA, ARNALDO	
STREET ADDRESS	410 FLUVIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD MIRANDA	
STREET ADDRESS	410 FLUVIA AVE	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ARNALDO MIRANDA, PRESIDENT 1/6/99 305-443-9288