

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00000014818**

1. Entity Name

REAL EQUITY LEASING, L.L.C.**FILED**
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90125 017 ****58.75

Principal Place of Business

Mailing Address

7349 NW 34 ST
MIAMI FL 33022**7349 NW 34 ST**
MIAMI FL 33022

2. Principal Place of Business

3. Mailing Address

9590 N.W. 25th Street**9590 N.W. 25th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL. 33172**Miami, FL. 33172**4. FEI Number **APPLIED FOR**

Applied For

65-1060937

Not Applicable

Zip

Country

Zip

Country

33172**USA****33172****USA**5. Certificate of Status Desired ☒**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, JERRY
9200 S DADELAND BLVD
SUITE 700
MIAMI FL 33156

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00**Make Check Payable to Department of State**
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARTINEZ, RICARDO
7349 NW 34 ST
MIAMI FL 33022 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARTINEZ, RICARDO
9590 N.W. 25th Street
Miami, FL. 33172 ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/2/02 **305.4639500**

CR2E083 (4/02)