

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L50466**

1. Entity Name

**EXECUTIVE APPLIANCE LEASING, INC.**

Principal Place of Business

Mailing Address

**13250 SW 87TH AV.**

**MIAMI, FL 33176-5922**

2. Principal Place of Business

**SAME AS ABOVE**

Suite, Apt. #, etc.

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0203171**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MARTA CUADRA**

**13250 SW 87TH AV.**

**MIAMI, FL 33176-5922**

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.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$350.00**  
**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 **MARTA CUADRA - PRESIDENT** ☐ Delete  
NAME  
STREET ADDRESS **13250 SW 87TH AV.**  
CITY-ST-ZIP **MIAMI, FL 33176-5922**

TITLE **V.P.** ☐ Delete  
NAME **SOMIA GARCIA**  
STREET ADDRESS **13250 SW 87TH AV.**  
CITY-ST-ZIP **MIAMI, FL 33176-5922**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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]* **Marta Cuadra**

Date

Daytime Phone #

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90031 041 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)