

9/12/01-90016-049-\$550.00-\$550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043364

1. Entity Name

ARFEN AUTO LEASING CONSULTANTS CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 28 PM 12:05

C0076151



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6512 SW 61 STREET
MIAMI FL 33143

Mailing Address
6512 SW 61 STREET
MIAMI FL 33143

2. Principal Place of Business

178 MADEIRA AVENUE
Suite, Apt. #, etc.

3. Mailing Address

178 MADEIRA AVENUE
Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

Zip 33134

Country USA

City & State

CORAL GABLES, FLORIDA

Zip 33134

Country USA

4. FEI Number

63-0834481

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAST, LOUIS F
8405 NW 53RD STREET
SUITE C-100
MIAMI FL 33168

7. Name and Address of New Registered Agent

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] LOUIS F CAST

8-02-01

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

(NOTE: Registered Agent signature required when re-registering)

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 \$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	PVST	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ARTURO	
STREET ADDRESS	6512 SW 61 STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, ARTURO	
STREET ADDRESS	6512 SW 61 STREET	
CITY-ST-ZIP	MIAMI FL 33143	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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)(f), 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

9-20-01

(SOS)
63-5151

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CR2E02 * (10/00)