FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91342 047 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000094371

1. Entity Name

LEASCONSULTING INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
555 CRANDON BLVD	
Suite, Apt. #, etc. #23	Suite, Apt. #, etc. SAME
City & State KEY BISCAYNE, FL	City & State
Zip 33149 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1139880 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MUNOZ, RICARDO

Street Address (P.O. Box Number is Not Acceptable) 555 CRANDON BLVD #23

City KEY BISCAYNE FL Zip Code 33149

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] RICARDO MUÑOZ 5/11/02.
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) ☐

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR is $61.25
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	PD
NAME	RICHARD STEWART
STREET ADDRESS	3067 RANCHO DEL CAMINO
CITY-ST-ZIP	CARLSBAD, CA 92009
TITLE	VD
NAME	RICARDO MUÑOZ
STREET ADDRESS	555 CRANDON BLVD, #23
CITY-ST-ZIP	KEY BISCAYNE, FL 33149.
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] RICARDO MUÑOZ VICE PRESIDENT 5/11/02 (305) 385 5718.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #