

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

05-15-2003 90112 049 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000094371

1. Entity Name

LEASCONSULTING, INC.



**DO NOT WRITE IN THIS SPACE**

**90135002**

2. Principal Place of Business  
19380 COLLINS AVE

3. Mailing Address  
SAME

Suite, Apt. #, etc.

SUITE 422-B

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SUNNY ISLES BEACH, FL

City & State

4. FEI Number 65-1139880

Applied For  
Not Applicable

Zip  
33160

Country

Zip

Country

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 MUÑOZ, RICARDO

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

19380 COLLINS AVE, SUITE 422-B

City SUNNY ISLES BEACH, FL

FL

Zip Code  
33160

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

MUÑOZ, RICARDO

05/13/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P,D  
RICHARD STEWART  
3067 Rancho del Canon, Carlsbad, CA 92009

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VD  
MUÑOZ, RICARDO  
19380 Collins Av, 422-B, Sunny Isles-FL 33160

TITLE  
NAME  
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CITY - ST - ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

MUÑOZ, RICARDO

05/13/03

(305) 931-2748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment

90135002

# P01000094371

LEASCONSULTING, INC.  
19380 COLLINS AVE, SUITE 422-B  
SUNNY ISLES BEACH, FL 33160  
Tel: (305) 931-2748

May 13, 2003

FLORIDA DEPARTMENT OF STATE  
UNIFORM BUSINESS REPORTS  
PO BOX 1500  
TALLAHASSEE, FL 32302-1500


Ref: P01000094371  
LEASCONSULTING, INC.

Dear Sirs,

We respectfully request that the penalty for filing late be waived since we did not receive the UBR form.

We have changed address and it seems the form was not forwarded.

Sincerely,



Ricardo Muñoz  
Vice-President

Enclosures