FOR PROFIT CORPORATION 2003 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

04 FEB 17 PM 1:19 DOCUMENT # P02000004111 1. Entity Name SECRETARY OF STATE TALLAHASSI'E, FLORIDA INFINITY AUTO LEASING, Inc DO NOT WRITE IN THIS SPACE Principal Place of Business Substitute of Bus 3. Mailing Address 15 TO NOTWATERING BLACE 03-04 01-0611828 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required *ആ0*09 7. Name and Address of Current Registered Agent --SHLOMA DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typics or printed name of registered agent and title if applicable January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, Fee is \$550.00 ***
Amended UBR is \$61.25 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. THLE NAME CR2E034B (12/01 DILE tui stlomo NAME STREET ADDRES 1036 KUN 18[STREET ADDRESS CHY-51 PP CITY-ST-ZIP MITLE: 300029030753 ne718704=-01054--008 **300:00 NAME STREET ADDRESS STREET ADDRESS COVESTER! City-St-ZIP ante e TITLE .NAME NAME STREET ADDRES STREET ADDRESS DO NOT WRITE CITY-51 7IP (CITY-ST-ZIP ilite IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7F CITY-ST-ZIP nii tee NAME NAME STREET ADDRESS STREET ADDRESS CITY SINZIP CITY-ST-ZIP titit is e TITLE NAME STREET ADDRESS STREET ADDRESS .cπγ-si⊑/iP 💥 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 emparate to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an of the corporation or the receiver or trustee empa attachment with an address, with all other like approximations.

FILED

Daytime Phone #

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO200004111 1. Entity Name In Finity Auto Leasing In				
Infinity Auto	Leasing J	in.C		·
DO NOT WRI	TE IN THIS S	PACE		
2. Principal Place of Business TCT Suite, Apt. #, etc.	3. Mailing Address Suite. Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Halandale	City & State		4. FEI Number	Applied For Not Applicable
Zip Country 33 OC	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent	
DO NOT.	WRITE :	Name AC Street Address	(P.O. Box Number is Not Acceptable)	
IN THIS	SPACE	1036 X	u 1 st ct	Zip @@
8. The above named entity submits this statem	ent for the purpose of changing it	s registered office or registe	VALCE AND	- 2009
SIGNATURE Signature, prod or printed name of registere	d agent and title if applicable. (NO	` TE: Registared Agent signature require	ed when reinstarting) DATE	
9. This corporation is eligible to satisfy its Inta Tax filing requirement and elects to do so. (See criteria on back)	After May	May 1 Fee is \$150.00 y 1, Fee is \$550.00 ed UBR is \$61.25 ible to Department of Sta	The state of the s	\$5.00 May Be Added to Fees
11. OFFICERS	AND DIRECTORS	ggerin gageeter get panti et en er ete ge		
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CITY-ST-ZIP TITLE NAME		FIRE NAME	IN THIS SPA	tal . A. (A. A.) . A. (A. Condella vigo " or significance of the engineering
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CRITY, SLEZIPLE		
TITLE NAME STREET ADDRESS		TITLE NAME "STREET ADDRESS		
*CHY+ST-ZIP TITLE		CHY-SI-AP		
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-MP-1		
13. I hereby certify that the information supplied indicated on this report or supplemental reof the corporation or the receiver or trusted attachment with an address, with all other corporations.	port is true and accurate and that e empowered to execute this rep	or the exemption stated in S my signature shall have the ort as required by Chapter	ection 119.07(3)(i), Florida Statutes. I further ce same legal effect as if made under oath, that I 607, Florida Statutes; and that my name appea	rtify that the information am an officer or director rs in Block 11 or on an
SIGNATURE:			A	Daviesa Penno A

Afferhments - P0200004111

INFINITY AUTO LEASING, INC. 1036 NW 1ST CT HALLANDALE, FL 33009

February 5, 2004

Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Infinity Auto Leasing, Inc. DOC #P02000004111

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. The taxpayer never received the renewal form due a change in the address. The penalty will create a hardship for my business and I ask that you please waive it.

Enclosed is my UBR form with my fee of \$300.00 for the year 2003 and 2004.

Thank you very much for you help and understanding.

Sincerely,

Avi Shlomo