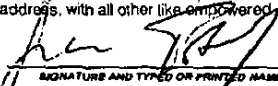


FILED
Jun 05, 2003 8:00 am
Secretary of State

05-05-2003 91455 010 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 02000046697			
1. Entity Name BIA LEASING, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 290 174 Street		3. Mailing Address SAME	
Suite, Apt. #, etc. 1619		Suite, Apt. #, etc.	
City & State Sunny Isles		City & State	
Zip 33160	Country	Zip	Country
4. FEI Number 030473083		Applied For Not Applicable	
5. Certificate of Status Desired ☐		8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name IGOR TALSKY			
Street Address (P.O. Box Number is Not Acceptable)			
290 174 Street #1619			
City Sunny Isles		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 _____ (NOTE: Registered Agent signature required when re-registering) _____ 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 IGOR TALSKY 290 174 Street #1619 Sunny Isles, FL 33160	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: 		4-28-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E0348 (12/02)