

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/15/2003-90158-046-\$150.00-\$150.00

03 SEP 26 PM 1:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000087710			
1. Entity Name DADE RENTALS NORTH, INC.			
Principal Place of Business 7365 W. 14TH AVENUE HIALEAH FL 33014		Mailing Address 7365 W. 14TH AVENUE HIALEAH FL 33014	
2. Principal Place of Business 3781 W 18 AVE Suite, Apt. #, etc. H		3. Mailing Address Suite, Apt. #, etc. Same	
City & State Hialeah FL		City & State Same	
Zip 33012		Country USA	
4. FEL Number 02-0651797		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SLEIMAN, JUAN CARLOS 7365 W. 14TH AVENUE HIALEAH FL 33014		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SLEIMAN, JUAN CARLOS 7365 W. 14TH AVENUE HIALEAH FL 33014 3781 W 18 AVE Hialeah, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (4/03)

2/9/25

**DADE RENTALS NORTH
INC.**

Attachment 8048353
3781 West 18th Ave
Hialeah, FL 33012
Office 305-558-8101
Fax 305-558-4968

September 11, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Dear Sir or Madam:

Please be advised I never received the UBR due to the fact our office had moved to a new location.

The report was hand delivered to me 9/10/2003 by the new tenant at the old address.

I spoke with your office on 9/11/2003 and the person that answered the call advised me to make this
letter and send it in with a check in the amount of \$150.00 Doc # P02000087210

Sincerely

Juan C. Sleiman
President