

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000083372

1. Entity Name
ULTIMATE EQUIPMENT LEASING CORP.



FILED

2007 OCT 31 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
295 W. 22ND ST.
HIALEAH, FL 33010

Mailing Address
295 W. 22ND ST.
HIALEAH, FL 33010

2. Principal Place of Business - No P.O. Box #
295 W 22nd St

3. Mailing Address
295 W 22nd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10252007 REIN-P CR2E098 (1/07)



City & State
Hialeah FL

City & State
Hialeah FL

4. FEI Number
20-8083958

Applied For
Not Applicable

Zip
33010

Country

Zip
33010

Country

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

6. Name and Address of Current Registered Agent

LEIZAN, GLADYS
295 W. 22ND ST.
HIALEAH, FL 33010

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10-25-07

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
D LEIZAN, CARLOS A
STREET ADDRESS
7532 SW 135TH PLACE
CITY-ST-ZIP
MIAMI, FL 33183

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

900111552739
10/31/07--01045--011 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-07

11/5
aw