

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2000 08:00 AM**
Secretary of State**DOCUMENT # P92000013933**

1. Entity Name

DISCOUNT AUTO LEASING, INC.

Principal Place of Business

728 NW 6TH AVE

FT LAUDERDALE
33311

FL

Mailing Address

P.O. BOX 967

FT LAUDERDALE
33311

US

FL

2. Principal Place of Business

728 NW 6TH AVE

3. Mailing Address

P.O. BOX 967

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT LAUDERDALE

FL

City & State
FT LAUDERDALE

FL

4. FEI Number

65-0393174

Applied For

Not Applicable

Zip
33311Country
USZip
333020967Country
US5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****CAMILLO JOHN M**
1600 W COMMERCIAL BLVDFT LAUDERDALE
33309

US

FL

7. Name and Address of New Registered Agent

Name

VIGGIANI JOHN

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

540 N.E. 4TH STREET

City

FT LAUDERDALE

FL

Zip Code
33301

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.

SIGNATURE **JOHN VIGGIANI ESQ.**

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

(NOTE: Registered Agent signature required when reinstating)

04/27/2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST CASALE RICHARD
1271 NW 95 AVE
PLANTATION FL 33322☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST CASALE RICHARD A
1271 NW 95 AVE
PLANTATION FL 33322☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
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STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RICHARD A. CASALE**DATE: **04/27/2000**