

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000008184 (2)

1. Corporation Name

UTC LEASING, CORP.

Principal Place of Business

8045 NW 90TH ST
MEDLEY FL 33166
US

Mailing Address

8045 NW 90TH ST
MEDLEY FL 33175
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/02/1993

3a. Date of Last Report

02/13/1995

4. FET Number

65-0384782

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

MOZZAYANPOUR, ALI
8045 NW 90TH ST
MEDLEY FL 33166

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 607.0501, Florida Statutes.

SIGNATURE

(Print or type name and address of registered agent, and date of signature)

(Print or type name and address of registered agent, and date of signature)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	MOZZAYANPOUR, ALI	
STREET ADDRESS	18325 SW 120 AVE -	
CITY, ST, ZIP	MIAMI FL 33177	
TITLE	VD	☐ DELETE
NAME	MONTES, GERONIMO	
STREET ADDRESS	14240 SW 39 STREET	
CITY, ST, ZIP	MIAMI FL 33175	
TITLE	STD	☐ DELETE
NAME	CANAL, JOSE A	
STREET ADDRESS	6909 SW 147 PLACE	
CITY, ST, ZIP	MIAMI FL 33193	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

1. TITLE	P	☒ Change ☐ Addition
2. NAME		
3. STREET ADDRESS	11950 SW 15 COURT	
4. CITY, ST, ZIP	DAVIE, FL 33325	
5. TITLE	VP	☐ Change ☐ Addition
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE	VP	☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

GERY MONTES

2-14-96

(305) 885-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)