

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90119 012 ***150.00

DOCUMENT # P94000011004

1. Entity Name
TRIPLE C LEASING, INC.



DO NOT WRITE IN THIS SPACE

90081989

2. Principal Place of Business
1919 S. Federal Hwy.

3. Mailing Address
2609 Woolbright Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Ste 5

DO NOT WRITE IN THIS SPACE

City & State
Boynton Beach, FL

City & State
Boynton Beach, FL

4. FEI Number
65-0463203

Applied For
Not Applicable

Zip Country
33435 US

Zip Country
33436 US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Menkhaus, David J.

Street Address (P.O. Box Number is Not Acceptable)
4800 N. Federal Hwy.

Suite 210-A

City State Zip Code
Boca Raton FL 33431

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 _____

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	TD Lopez-Moscoso, Enrique 1300 Park of Commerce Blvd., #101 Delray Beach, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Khan, Zakir 2475 41st St. Boca Raton, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lopez, Nelson F.H. 2609 Woolbright Road, Suite #5 Boynton Beach, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Weatherford, Gregory S. 2609 Woolbright Rd., #1 Boynton Beach, FL 33436
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CR2E034B (12/02)

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: Nelson Lopez 3/24/03 (561) 734-4535
President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #